

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

Interim     Final

Date of Report    September 18, 2020

## Auditor Information

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Company Name: California Department of Corrections and Rehabilitation	
Mailing Address: 1515 S St	City, State, Zip: Sacramento, CA 95811
Telephone: (916) 324-6688	Date of Facility Visit: February 3-6, 2020

## Agency Information

Name of Agency: Nevada Department of Corrections	Governing Authority or Parent Agency (If Applicable): Nevada Board of Prisons		
Physical Address: 5500 Snyder Avenue, Bldg. 17	City, State, Zip: Carson City, NV 89702		
Mailing Address: P.O. Box 7011	City, State, Zip: Carson City, NV 89702		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency Website with PREA Information:  
[http://doc.nv.gov/About/NDOC\\_Office\\_of\\_the\\_Inspector\\_General/Office\\_of\\_the\\_Inspector\\_General/](http://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/Office_of_the_Inspector_General/)

## Agency Chief Executive Officer

Name: Charles Daniels	
Email: cdaniels@doc.nv.gov	Telephone: (702) 486-9910

## Agency-Wide PREA Coordinator

Name: Deborah Striplin	
Email: dstriplin@doc.nv.gov	Telephone: (775)887-3142
PREA Coordinator Reports to: James Jones, Inspector General	Number of Compliance Managers who report to the PREA Coordinator 0

## Facility Information

**Name of Facility:** Southern Desert Correctional Center

**Physical Address:** 20825 Cold Creek Road

**City, State, Zip:** Indian Spring, NV 89070

**Mailing Address (if different from above):**  
P.O. Box 208

**City, State, Zip:** Indian Spring, NV 89070

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** [http://doc.nv.gov/About/NDOC\\_Office\\_of\\_the\\_Inspector\\_General/Office\\_of\\_the\\_Inspector\\_General/](http://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/Office_of_the_Inspector_General/)

**Has the facility been accredited within the past 3 years?**  Yes  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):**

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Internal Facility PREA Audit March 2019

### Warden/Jail Administrator/Sheriff/Director

**Name:** Jerry Howell

**Email:** [jhowell@doc.nv.gov](mailto:jhowell@doc.nv.gov)

**Telephone:** 702-879-1200

### Facility PREA Compliance Manager

**Name:** Kimberley E. McCoy

**Email:** [kmccoy@doc.nv.gov](mailto:kmccoy@doc.nv.gov)

**Telephone:** 702-879-1274

**Facility Health Service Administrator**  N/A

**Name:** Benedicto Gutierrez

**Email:** [bgutierrez@doc.nv.gov](mailto:bgutierrez@doc.nv.gov)

**Telephone:** 702-879-5472 ext. 486

## Facility Characteristics

Designated Facility Capacity:	2241	
Current Population of Facility:	1678	
Average daily population for the past 12 months:	1712	
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 checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-83 years old	
Average length of stay or time under supervision:	1 week to Life	
Facility security levels/inmate custody levels:	Medium and Close	
Number of inmates admitted to facility during the past 12 months:	2873	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	2873	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	2048	
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	
<p>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):</p>	<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 checked="" 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 type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	310	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	84
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	28
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	33
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	140
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>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.</p>	31
<p><b>Number of inmate housing units:</b></p> <p>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.</p>	10
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	7
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	165
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Medical and Mental Health Services and Forensic Medical Exams**

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

**Investigations**

**Criminal Investigations**

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:	19 Agency Investigators
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

**Administrative Investigations**

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?	19 Agency Investigators and 5 Facility Investigators
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	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

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

Southern Desert Correctional Center (SDCC) is located at 20825 Cold Creek Road, Indian Springs, Nevada. SDCC is participating in a Prison Rape Elimination Act (PREA) audit conducted by certified auditors from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above during the period of February 3-6, 2020. Following coordination, preparatory work and collaboration with management staff at SDCC, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

### PRE-AUDIT PHASE

On December 3, 2019, the CDCR provided the audit notice to Nevada Department of Corrections' (NDOC) PREA Coordinator (PC) with instructions to post copies in the housing units and other places deemed appropriate by facility staff. An e-mail received from the NDOC PC confirmed placement of the audit notice. Notices were posted in areas accessible to offenders, visitors and staff. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from NDOC- SDCC on December 17, 2019.

Pre-audit section of audit: On December 17, 2019, the State of Nevada PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. This auditor started compiling pre-audit notes using the compliance tool as a guideline. This auditor reviewed information from the pre-audit questionnaire and from supporting documentation making notes of how the information was or was not in compliance with PREA. Policies and procedures were reviewed for compliance with the PREA. The auditor took notes to follow-up on any questions about policies that were unclear or did not appear to address the standard adequately. Supporting documentation was reviewed for relevance to the standards and notes were taken to request clarification or to verify the accuracy of the information during the on-site tour. This auditor received three letters from inmates at the facility prior to arrival at the institution.

Prior to the on-site visit, an e-mail was sent to Just Detention International (JDI) to ascertain if there had been any concerns reported to their organization. This auditor received an e-mail from JDI on January 6, 2020 and was informed by JDI that they have not received any correspondence regarding SDCC in the past twelve months. The Rape Crisis Center in Las Vegas Nevada was also contacted to find out if there had been any allegations or complaints reported to them relative to SDCC. The Rape Crisis Center Staff stated that they had a positive working relationship with SDCC and had not received any allegations or complaints.

## ON-SITE PHASE

On February 3, 2020, the audit team comprised of Mr. R. Benton, certified auditor, Ms. N. Hardy, certified auditor, Ms. S. Stark, certified auditor and I arrived at SDCC. The audit team met with the Warden, the PCM, the Nevada PREA Coordinator and several support staff for greetings, introductions and information sharing. The meeting took place in a conference room which served as a home base for audit preparation and organization.

Upon arrival at SDCC, the audit team requested and received a roster of all of the staff employed at SDCC including the names of the employees assigned in the management and specialized staff positions that might be interviewed during the on-site portion of the audit. Also on this date, the audit team received a roster of all offenders at the facility with identification numbers and assigned bed numbers, sorted by housing unit. The auditor also requested and received a list of offenders classified into any of the following specialized categories:

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

The audit team also received a list of all custody staff scheduled to work on the days of the on-site review, sorted by shift. SDCC custody staff work 8 hour shifts. The auditor explained that these rosters were required for the audit team to select random custody staff and offenders for interviews. The audit team selected the names of random and specialized staff, as well as random offenders and offenders who had been classified in special categories who would be interviewed. These lists were provided to the PCM so that the individuals could report to the offices that the interviews were taking place.

**On-site Review:** The audit team conducted a thorough site review of the facility. The audit team was provided a map of the facility. SDCC is comprised of 31 buildings, 10 of which are housing units. SDCC has a three different housing unit designs. Seven of the housing units are single story with three tiers each joining in the center like spokes of a wheel. Each tier has 68 double bunked cells. Each housing unit has 204 cells. The Administrative Segregation Unit has three tiers that are two stories each. Each tier has 55 single bunk cells for a total of 165 cells. SDCC also has two open dorms that are each split in half by a wall. Each side has 144 bunks for a total of 288 bunks in each dorm. There are also several buildings devoted to program space, including an infirmary, inside the secure perimeter. Because of the size of the facility, the team split up into two groups to tour the facility. One team was accompanied on the tour by the Shift

commander and a maintenance worker. This team toured most of the housing units, medical and intake. The other team was accompanied by the PCM and a maintenance worker. That team toured the other housing units, segregation, education, visiting, the gymnasium, food services, industries and the chapel. As the tours moved through the facility, the teams would make a notation on the map indicating that that area had been visited. Additionally staffing levels were observed to insure that there was adequate security coverage and the inmates could not move around the facility unsupervised.

During the tour, we asked impromptu questions of staff and inmates. The audit team also noted the placement and coverage of surveillance cameras, identified potential blind spots, inspected bathrooms, showers and strip search areas to identify potential cross gender viewing concerns. The team also noted the placement of PREA information posters in offender housing areas and placement of the PREA audit notice provided to the facility. The video monitors were reviewed to insure security coverage and confirm that offenders can change clothes, shower and toilet without being viewed on the monitors. Housing unit logs were reviewed as well as other on-site documentation that would be relevant to demonstrating compliance with the PREA Standards.

**PREA Management Interviews:** The audit team members split up the interviews of the Warden, PREA Coordinator, Director of the Nevada Department of Corrections, Contract Administrator and PCM. The auditors worked with facility staff to schedule a time for each of these interviews; audit team members were escorted to the office of the respective manager and conducted the interviews using the applicable interview protocols and recorded the responses by hand. Some of the interviews were conducted at the Southern Region Headquarters.

**Specialized Staff Interviews:** Using the list of specialized staff received from the PREA Compliance Manager, the audit team members utilized the conference room or private offices to conduct confidential interviews.

The audit team identified specialized staff to be interviewed. Interviews included the following:

- Medical and Mental Health
- Incident Review Team Members
- Staff who Conduct Intake Screening
- Case Workers
- Investigations and Intelligence Staff (facility level investigations)
- Sexual Assault Nurse Examiner
- Human Resources
- Person Responsible for Contractor, Volunteer and Vendor Clearances
- Person Responsible for Monitoring Retaliation



- Higher Level Supervisors
- Religious Volunteers
- First Responders
- Training Director
- Grievance Coordinator

During interviews with investigative staff, the team learned that offender grievances against staff are forwarded to the Associate Warden. If the grievance alleges PREA, the information is entered into Nevada Offender Tracking Information System (NOTIS) and forwarded to the Inspector General. The IG's office reviews the grievance to determine if it meets the prima facie of PREA, or if the grievance is about a different issue. If the grievance is a PREA, the IG's Office then assigns it to an NDOC Investigator. The IG can assign it to a local investigator if the case is not criminal in nature and does not involve staff. The assigned investigator then investigates the allegation and completes a report. The members of the audit team interviewed one of the supervising investigators for the IG and one of the local investigators about this process. The audit team also questioned designated staff about the process for logging and tracking cases assigned, and offender grievances, received by the division. About 15% of the PREA allegations at SDCC were reported via grievance.

The Training Manager was interviewed and explained how he tracked and logged all of the training that staff, volunteers and contractors receive. Full time employees are scheduled for one week of training each year. The employee is pulled off post during their training week. The Training Manager is also responsible to insure that all volunteers and contractors have access to the training.

The Intake staff were interviewed and asked to explain the intake process for the offenders. The intake process happens the day of arrival and includes medical and mental health screening, PREA and Facility Orientation, PREA Risk Assessment and initial housing.

Where the circumstances dictate, the interviewer would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standards. Copies were made of relevant documents to demonstrate proof of practice.

Random Staff Interviews: The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations and various shifts. The random interviews included line staff, supervisory staff, managers and non-custody staff. The interviews were conducted in the privacy of the conference room or private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the interview protocols for random staff and recorded the answers by hand. Audit team members asked for clarifications when needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 12 random staff interviews were conducted.

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

PREA-Interest Offender Interviews: Three audit team members was assigned responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific PREA standards. These categories are:

- Disabled Inmates (four interviewees)
- Limited English Proficient Inmates (three interviewee)
- Transgender and Intersex Inmates (two interviewees)
- Gay & Bisexual Inmates (five interviewees)
- Inmates in Segregated Housing for Risk of Sexual Victimization (none)
- Inmates who Reported Sexual Abuse (one interviewees)
- Inmates who Disclosed Sexual Victimization during Risk Screening (six interviewees)
- Inmates who wrote letters (one)

The auditors were advised by the PCM that there were not any offenders that had been placed in segregation as a result of being classified as a risk for victimization. There were only two inmates who identified as transgender and only one inmate who made a PREA allegation of sexual abuse housed at SDCC at the time of the audit. Even though the audit team received three letters from inmates prior to arriving, one inmate was never housed at SDCC, one inmate paroled prior to the audit and one inmate transferred to a different facility prior to the audit. The audit team member selected offenders from the list received from the PREA Compliance Manager. The interviews were conducted in a private office. The auditors introduced themselves, communicated the standard advisory statement and asked the line of questions in the respective interview protocols. These offenders were also asked the same interview questions as the random offender interviewees. The audit team member also conducted these interviews if a random offender interviewee disclosed information suggesting that one of the above categories of PREA interest applied to him. A total of 22 offenders were interviewed based upon these interview categories.

During these interviews, the audit team members based the line of questioning on the interview protocols and recorded responses by hand.

**Document Reviews:** The document review process was completed by all four of the auditors. The auditors reviewed documents related to allegations of sexual abuse (including investigation files). A total of ten investigation files were reviewed. One auditor made a list of random staff names and two of the auditors reviewed all training, personnel, contractor and volunteer records for these staff members. 24 personnel files were reviewed. A list of offender names was generated using the list of selected and randomly interviewed inmates. These inmate's files were reviewed by the audit team. A total of 21 inmate files were reviewed, including the records maintained through the offender intake process, classification records and relevant medical documentation. The audit team was provided copies of the documents to support the audit findings.

A list of approved volunteers and contractors was provided with the pre-audit materials. The audit team reviewed the list and chose five contractor and eight volunteer names who had actually visited the facility. Documents were requested and reviewed to check with compliance with training and background checks for 5 contractors and volunteers.

All of the relevant information from the investigation, training, personnel and offender files was transferred to the PREA Audit Documentation Review Tracking Sheets.

The PREA Coordinator provided summary for all 19 allegations received during the past 12 months. The report included the report number, date of report, name of the victim, name of the suspect, and disposition or status of the case. There were no inmate-on-inmate sexual harassment allegations, 5 inmate-on-inmate sexual abuse allegation, 7 staff-on-inmate sexual harassment allegations and 8 staff-on-inmate sexual abuse allegations (two cases alleged both SH and SA). The audit team selected ten cases at random to review. These reports were reviewed using a PREA audit investigative records review tool to record the following information for the eleven investigative reports reviewed:

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

- Outcome Notification Given to Inmate
- How the information was reported
- Retaliation monitoring

The audit team recorded this information for the case reviewed and provided additional relevant information in the space provided for additional notes. There were three case that resulted in unfounded, six cases were unsubstantiated, one substantiated and nine are still under investigation.

Throughout the on-site review, the team had discussion about what was being observed and reviewed any discrepancies that were being identified. The team members would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team held a close-out discussion with the Warden, PREA Coordinator, PCM and other administrative staff on February 6, 2020. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

## **POST-AUDIT PHASE**

Following the on-site portion of the audit, the team met and discussed the post audit phase and the next steps. This auditor gathered written information and feedback from the other team member and took responsibility for completing the interim report.

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

Interim Audit Report: The auditor reviewed onsite documents and notes, staff and offender interview notes and site review notes and began the process of completing the interim audit report. This auditor used the audit section of the compliance tool and the PREA standards as a guide to determine which question(s) in which interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking the notes for each applicable subsection of each standard, this auditor made an overall determination at the end of the standard indicating whether or not the facility's policies, procedures and practices exceeds, meets or does not meet standard. Where the auditor found the facilities policies and procedures did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility's policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review. The Interim Audit Report was completed on March 16, 2020.

Corrective Action Period: At the time of the completion of the Interim Audit Report, there were nine standards that were determined to be non-compliant (see Summary of Audit Findings for

more details). On March 20, 2020, a conference call was held to discuss the corrective action plan and how SDCC would correct the issues that were found to be non-compliant. The NDOC PREA Coordinator, the Warden of SDCC, the PSM of SDCC and this auditor were on the conference call. Each of the nine non-compliant items were discussed in detail. A mutual decision was made on how the issues would be corrected and what proof of corrections were to be provided to the auditor. In standards that required a change in institutional practices it was determined how long those changes would be monitored. All corrective action was required to be completed by September 12, 2020 (180 days from the date of the Interim Report).

Each month over the next five month period, the PC or PCM provided the auditor with the requested documentation. The auditor reviewed the documents and provided feedback as to whether or not the documents proved correction of the issues. Each month the auditor provided the PC and PCM a current Corrective Action Plan to show what actions were still outstanding. In August 2020, all required documentation was received and the Corrective Action Plan was closed. It was determined that SDCC had satisfactorily complied with all 45 PREA standards. The Final PREA Audit Report was then written and forwarded to NDOC and SDCC for review and feedback. Once feedback is received and any corrections that need to be made are completed, this report will be forwarded to the PREA Resource Center.

## Facility Characteristics

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

Southern Desert Correctional Center (SDCC) is located at 20825 Cold Creek Road, Indian Springs, Nevada. The facility is located approximately forty-five miles north of Las Vegas, in Clark County, Nevada. SDCC was opened in 1982 with seven 102 cell housing units. In 1989 a new 200 cell housing unit was opened. In 2008 two 240 bed dorms were built bringing the current capacity of the facility to 2176 inmates.

SDCC is comprised of 31 buildings, 10 of which are housing units. SDCC has a three different housing unit designs. Housing Units 1-7 are single story with three tiers each joining in the center like spokes of a wheel. Each tier has 68 double bunked cells. Each housing unit has 204 cells. Building 8 is Administrative Segregation. The Administrative Segregation Unit has three tiers that are two stories each. Each tier has 55 single bunk cells for a total of 165 cells. Building 11 and 12 are open dorms that are each split in half by a wall. Each side has 144 bunks for a total of 288 bunks in each dorm.

All of the buildings that inmates have access to are located inside the secure perimeter. The culinary building contains the main kitchen, four dining halls, the chapel and the laundry facility. There is a large gym with a full basketball court, staff offices, and workout rooms. The education building has a full library, staff offices and several classrooms. All of the classrooms have large windows that allow clear visibility throughout the building. Maintenance and industries share a large building, separated by walls and fencing. There are several smaller storage buildings and specialty shops, such as upholstery located near industries. Central Operations contain the Shift Commander's office, visiting, muster room, intake and other staff offices. There is an infirmary with full medical services at SDCC.

The inmate population is composed of level 1, 2 and 3 medium custody inmates. Two of the housing units are designated for special programming inmates. If an inmate remains disciplinary free for an extended period of time, he can request to be housed in one of these units.

SDCC has an administrative staff of one Warden and two Associate Wardens. There are 195 custody positions including 5 Lieutenants, 9 Sergeants, 25 Senior Officers and 156 Correctional Officers authorized by the legislature. SDCC has 24 medical, mental health, and dental staff and 63 food services, maintenance, clerical, program and classification staff.

Southern Desert Correctional Center offers a wide range of programs for the inmate population and an opportunity pursue a GED, high school diploma or a college degree. Southern Desert offers the most programs of any of the facilities located in Nevada, to include: Anger Management, Stress Management, Fitness and Wellness, Inside/Out Dads, Domestic Violence, Toastmasters, Gang Awareness, Conflict Resolution, Victim Empathy, Commitment to Change, SOS Help for Emotions, Thinking for Change, relationships, Sex Offender Treatment, Stress and Anxiety management. Additionally, Southern Desert offers "New Beginnings" a re-entry program,

Forklift Certification and OSHA Certification in cooperation with the local Teamsters Union. SDCC offers "TRUST" a therapeutic community and "Re-Entry" a unit to prepare inmates for reintegration back into the community. Recently, "Photovoltaic Solar Panel Program" was added as a component to the Re-Entry Program. Religious services and activities for all denominations are available.

Silver State Industries offered at SDCC are Card Sorting and Vehicle Restoration.

## Summary of Audit Findings

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

Overall, it is evident that Southern Desert Correctional Center's staff have been working towards compliance with the PREA standards.

Some of the positives observed by the audit team included:

The PREA Compliance Manager appears to be committed to ensuring inmate and staff safety and the prevention, detection, and responding to sexual assault and sexual harassment of inmates.

PREA posters were in place in all housing units, and common areas.

Supervisory and management staff have a clear understanding of the policy.

Supervisory and management staff ensured the audit team had access to staff and inmates for interviewing. Any documentation requested was received promptly.

The facility was clean, and inmate movement was well controlled.

Communication between the staff and inmates appeared open and professional.

The Intake Staff are professional and efficient. They have a system that insures every inmate is properly educated and screen for PREA.

The follow areas SDCC excelled at. These three areas the auditor found the facility exceeded the standards:

### 115.33 Inmate Education

The intake staff have an interactive conversation with the inmate to insure that each inmate is provided the PREA information in a manner that the inmate is able to understand. Based on the interviews with the inmates and intake staff it is apparent that the inmate education process at SDCC is effective and relevant.

### 115.41 Screening for Risk of Victimization and Abusiveness

The audit team reviewed twenty random inmate files. All twenty files included an initial screening. Two of the inmates were received prior 2014, there screening was completed



in 2014. The other 18 were seen for a follow-up screening by their case worker within 30 days of arrival (usually about 14 days).

### **115.81 Medical and Mental Health Screening; History of Sexual Abuse**

The communication between the intake staff and the Mental Health staff help this program succeed. Every interview and all of the supporting documentation indicate that SDCC is 100% compliant with this standard.

The following corrections were made, after the site visit and prior to the submission of the interim report, to come in compliance with the PREA standards:

### **115.13 Supervision and Monitoring**

Initially there was some question as to how supervisor rounds are documented. There are two ways that staff at SDCC document the rounds. One is the supervisor signing the log book. When the audit team reviewed these log books, the documentation was inconsistent. The policy requires that the housing unit officer enter the supervisor rounds in NOTIS. The audit team was provided copies of NOTIS entries, both while at the facility and post facility visit. These NOTIS logs demonstrate compliance with the PREA standard for random unannounced supervisory rounds.

### **115.31 Employee Training**

A review of the tracking list showed that 16 of the 310 (94%) staff did not attend the PREA training in the past year. A random review of training files reflected similar results in that one of twenty files reviewed (95%) did not have documented training. Since the on-site portion of the audit, several delinquent staff have been provided remedial training. The training certifications were forwarded to this auditor.

At the time of the interim report, there were nine standards that SDCC was out of compliance with. During the six month corrective action period, SDCC made modifications to their policies and practices and /or physical changes to the facility to demonstrate compliance with these standards:

### **115.13 Supervision and Monitoring**

During the tour of the facility it was observed that the restroom that the inmates use in the following areas have solid doors. This creates a location for inmates to victimize other inmates without being observed by staff. After the interim report physical modifications were made that allowed staff to see into the restroom without compromising the inmate's modesty;

Culinary. A window was installed in the door of all four dining room inmate restrooms. Photos of the modification were provided to the auditor on June 11, 2020;

Chapel. A window was installed in the door of the chapel inmate restroom. A photo of the modification was provided to the auditor on June 11, 2020;

Education Hallway. This door was chained in the open position. Photos of the correction was provided on May 19, 2020;

Maintenance. The door was removed and replaced by a curtain. Photos were provided on April 5, 2020;

Laundry. A window was installed in the door of the laundry inmate restroom. A photo of the modification was provided to the auditor on June 11, 2020;

Housing Unit 4. The restroom in Housing Unit 4 was reassigned to be a staff only restroom. A photo of the modification was provided to the auditor on June 11, 2020.

The following areas had blind spots that create locations for inmate victimization. Physical modifications were made that either restricted access or eliminated the blind spots.

The card room bathroom hallway. A mirror was placed at the entrance to the hallway. This allows for staff to see down the hallway and into the restroom. The restroom stalls allow for modesty. A photo of this correction was provided on May 19, 2020;

Both inmate restroom entries in Culinary Arts. The Culinary Arts Program is currently closed. Access to the area by inmates and staff has been restricted by secure doors. Photos and information about the access were provided on May 19, 2020;

The Electricians Office has no windows. A window was installed in the electrician's office. A photo of the window was provided on April 5, 2020;

The Chapel storage area behind the stage. A camera was placed in this area of the chapel. The monitor was placed in the Chaplin's office. Photos of the camera, monitor and monitored area were provided on May 19, 2020;

Prison Industries lofts. Keyed locks were placed on the access gates to the lofts. Photos were provided on May 19, 2020;

Overall the staffing is thin in the industries area and there was no way to determine if staff move around the area to monitor inmate activity. Policies were corrected to require staff to document their tours of industries. A log book was placed in the industries area for staff to note when they check on the secluded areas. Additionally supervisors note their tours of industries in NOTIS. Copies of the log book and the NOTIS entries were provided to the audit at the end of each month.

SDCC has demonstrated compliance with standard 115.13.

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

The toilet stalls in Dorms 11 and 12 were missing curtains. This created a cross gender viewing issue when females were working in the unit. On May 5, 2020, photos of the stalls, with curtains, were provided to this auditor.

The two Medical Holding cells have video cameras that do not allow for inmates to change their clothes or toilet without female staff watching them. Even though these cells are used for suicide watch, inmates are housed in them for other reasons. To correct this issue, SDCC placed a mark on the lens of the camera that obscures the toilet area of the cell. On April 5, 2020, photos of the monitor screen shots were provide.

SDCC has demonstrated compliance with standard 115.15.

#### **115.16 Inmates with Disabilities and Inmates who are Limited English Proficient**

The policy did not include a method to ensure that inmates with intellectual disabilities receive and understand the PREA information, including what PREA is and how to report it. A revision to Operational Procedure 573 included verbiage that requires staff to establish effective communication with inmates who may be developmentally disabled or non-English speaking. A copy of the new policy was provide on April 14, 2020.

During the tour of the facility, some of the supervisory staff were unaware of the contract for interpreter services. During the months of June and July 2020, all supervisory staff were provided training on the Language Link interpreter line. A training roster and sign-up sheet was provided as proof of practice.

SDCC has demonstrated compliance with standard 115.16.

#### **115.17 Hiring and Promotional Decisions**

Of the 20 personnel files reviewed, five employees files did not contain the employee self-certification that they had not engaged in sexual misconduct with an inmate. On March 23, 2020, the PREA Coordinator provide the signed self-certification forms that were noted to be missing. On May 18, 2020, the Director of Human Resources completed an audit of all of the personnel files. It was noted that 223 of 1702 personnel files were missing the self-certification forms (13%). As of September 1, 2020 only 67 of the forms were not completed. That is less than 4% not completed. Copies of the completed documents were provided to this auditor to demonstrate compliance.

SDCC and NDOC has demonstrated compliance with standard 115.17.

#### **115.42 Use of Screening Information**

At the time of the interim report, NDOC was not follow the Departmental Policy for reviewing transgender inmate's request to be housed at a facility consistent with their gender identity. On March 23, 2020, the Transgender-Intersex Review Committee meet and discussed three requests for transfer by inmates. On March 24, 2020, the results on the committee were provided to demonstrate proof of practice.

SDCC and NDOC is compliant with standard 115.42.

#### **115.52 Exhaustion of Administrative Remedies**

Operational Procedure 740, section 740.09, stated that all allegations of sexual abuse will be referred to the inspector general's office for investigation via the First Level Grievance (DOC-3093). When an issue goes directly to the first level, the inmate shall file an Informal Grievance form for tracking purposes. On April 5, 2020, a revised copy of Operational Procedure 740 was provided to the auditor. Based on this revision, the inmate is no longer required to file an Informal Grievance when filling a PREA allegation. All PREA allegations are first level grievances.

SDCC is compliant with standard 115.52.

#### **115.67 Agency Protection against Retaliation**

At the time of the on-site portion of the audit a review of the Retaliation Monitoring Log and NOTIS notes demonstrate non-compliance with this standard. Of the ten cases that the audit team reviewed, only six victims had been monitored. The PCM was not sure why they were not included on her tracking list.

Starting in March 2020 through August 2020, copies of the retaliation monitoring log, NOTIS entries and the investigation log were provided to the auditor. A review of the provided information indicates that the PCM at SDCC is tracking and monitoring PREA victims, witnesses and reporting staff according to policy and the standard.

SDCC demonstrated compliance with standard 115.67.

#### **115.68 Post-Allegation Protective Custody**

At the time of the on-site portion of the audit, SDCC did not have a policy addressing when an alleged victim may be placed in segregated housing for protective custody and, once placed in segregated housing, what privileges he will receive.

On April 6, 2020, a revised OP 421 and on April 15, 2020 a revised OP 573 were provided to the auditor. This policy addressed the proper use of Administrative Segregation for an inmate who makes a PREA allegation. The policy also addresses what privileges the inmate will receive while in segregation and how long they will be in segregation.

SDCC has demonstrated compliance with standard 115.68.

### 115.83 **Medical and Mental Health Screening; History of Sexual Abuse**

The facility must offer alleged victims of sexual abuse medical and mental health evaluations. This offer must be documented. If the inmate accepts the offer, the medical or mental health evaluations must be documented. From March 2020, through August, 2020, SDCC provided the list of all PREA allegation that they had received and the medical and mental health offers that were made to the inmates.

Based on the provided documentation, SDCC has demonstrated compliance with standard 115.83.

*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:** 3  
**List of Standards Exceeded:** 115.33, 115.41 and 115.81

#### **Standards Met**

**Number of Standards Met:** 42

#### **Standards Not Met**

**Number of Standards Not Met:** 0  
**List of Standards Not Met:**

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

NDOC's PREA Coordinator is Debra Striplin. Ms. Striplin was assigned on October 18, 2019, as the PREA Coordinator for the Nevada Department of Corrections. During this PREA Audit, Ms. Striplin was readily available to assist the audit team and SDCC through the audit process. Prior to being appointed as the PREA Coordinator, Ms. Striplin assisted the Inspector General for the State of Nevada in developing, implementing, and overseeing the NDOC's efforts to comply with the PREA standards. During the interactions with Ms. Striplin, it is apparent that she is committed to ensuring that the State of Nevada is compliant with the PREA standards. She is actively involved with all of the facilities in Nevada, overseeing their PREA compliance efforts. She reports directly to the State Inspector General.

SDCC's PREA Compliance Manager (PCM) is Kimberly McCoy, Correctional Caseworker Specialist III. Ms. McCoy has been assigned as the PREA compliance Manager at SDCC since June 17, 2017. Ms. McCoy reports directly to the Warden. According to Mr. McCoy she does feel that she has sufficient time to coordinate the facility's efforts to comply with PREA. The Warden and his administrative staff appear committed to insuring SDCC's commitment to preventing, detecting, responding to and reporting sexual abuse of inmates.

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

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

### 115.12 (a)

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

## 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Nevada Department of Corrections (NDOC) entered a contract with CoreCivics to house 200 NDOC inmates in October 2017. This is the first contract that NDOC has had with an outside entity to house their inmates in recent years. A review of the contract language (section 2.55) requires that CoreCivics comply with the Prison Rape Elimination Act. A review of CoreCivics' website shows, in detail, their PREA Policy. The contract language details CoreCivics' plan to comply with PREA. This facility (Saguaro Correctional Center) passed its most recent audit on December 6, 2017.

Section 2.56.1 of the contract between NDOC and CoreCivics states that the vendor shall be subject to PREA compliance monitoring per section 115.12(b) of PREA. The Contract Administrator for NDOC stated that a designated staff member that works in the Offender Management Division is responsible for monitoring PREA compliance of the CoreCivics facility.

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



## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- 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*)

### Instructions for Overall Compliance Determination Narrative

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

Administrative Regulation 326, Posting of Shifts, requires that at least once a year the PREA Coordinator shall assess, determine, and document whether adjustments are needed to the staffing plan and or video monitoring system. This auditor was provided a copy of the 2018 Southern Desert Correctional Center Staffing Plan. According to the Staffing Plan, Nevada Department of Corrections' PREA Coordinator initiated a review and discussion of the staffing patterns for SDCC with the Director of Corrections. The staffing plan considers:  
Generally accepted detention and correctional practices;

Any Judicial findings of inadequacy (none);

Any findings of inadequacies from a federal investigation agency (none);

Any findings of inadequacies from an internal or external oversight body (none);  
All components of the facilities physical plant;

The composition of the inmate population;

The number and placement of supervisory staff;

Institutional programs occurring on a particular shift;

Any applicable state or local laws or regulations (none);

The prevalence of substantiated or unsubstantiated incidents of sexual abuse.

SDCC has a total of 195 custody positions including 5 Lieutenants, 9 Sergeants, 25 Senior Officers and 156 Correctional Officers authorized by the legislature. Currently SDCC has a 4% vacancy rate. AR 326 defines two separate levels of staffing. Normal Operation is when all posts are filled. There are no modifications to program during this staffing level. Emergency Operations is when there is just enough staff to fill the minimum number of posts to operate the facility. Whenever a modification to program is made, due to lack of staff, an incident report is created in Nevada Offender Tracking Information System (NOTIS). Operational Procedure 326, Posting Shifts and Overtime, provides the Shift Commander direction in the event that staffing levels cannot be meet. The OP lists the order of posts to be run vacant and what programs to shut down. The audit team was provided copies of incident reports that were submitted in NOTIS whenever program was affected do to staff shortages.

All of the buildings at SDCC, which inmates have access to are in the secure perimeter. SDCC has a total of ten housing units. Housing units 1-7 are a wagon wheel design. They have a central hub with staff offices and dayrooms and three tiers radiating out from the center. These housing units have cells on either side of the tier. Building 8 is the Administrative Segregation Housing Unit. This is a T shaped building with two stories of single celled housing on each of the three wings. Housing Unit 11 and 12 are each open dorms with a wall down the middle creating two large dorms that house 140 inmates on each side. Additional buildings include the education building, the culinary, the gym, administration, maintenance, laundry, medical, intake and industries buildings. SDCC currently has 224 cameras.

During the interview with the Warden, he explained how the staffing plan is established, adjusted and enforced. The staffing plan is approved by the Nevada Legislature as part of the budget process. The plan is based on best practices, and the American Correctional Association's and National Institute of Correction's staffing models. Each year the plan is reviewed to see if adjustments need to be made based on mission changes, PREA and/or other serious incidents, program changes, legal challenges or legislative changes. According to the 2019 staffing plan, there are no findings of inadequacies by judicial ruling, Federal Investigative Agencies, or internal or external oversight bodies. There are no state, or local laws that dictate staffing requirements. The staffing plan contains an analysis of the inmate population by security level and security threat group.

Operational Procedure 400.02, General Security Supervision, requires that supervisors make unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The policy also prohibits staff from alerting other staff members that the supervisory rounds are occurring. When supervisors make these rounds they are required to document them in NOTIS. During the tour of the facility, the auditors were informed by the staff in the housing units that they make an entry in NOTIS when a supervisor tours the units. Occasionally supervisors sign a log book during unannounced tours. Reviewing the NOTIS entries for January 2020, it appears that supervisors are making random tours of the housing units. February's NOTIS reports of Supervisor PREA Rounds were submitted to this auditor prior to the submitting of the Interim Audit Report. February's documentation also indicates that supervisor rounds are being conducted. The supervisors that were interviewed stated that they do not let staff know when they are making their tours rounds nor do they tell the staff where they are going next.

During the tour, the audit team observed several locations that created victimization concerns. These were discussed with the Warden and his management staff during the tour of the facility. The PREA interim report included the areas that the audit team determined were not compliant with the PREA standard. Each of these items were addressed in the corrective action plan. The facility managers and the audit team came to an agreement on how each non-compliant location would be corrected and how proof of correction was to be provided. Below are the issues that were non-compliant, how each was corrected and what proof of practice was provided.

Inmate restrooms had solid doors in culinary, chapel, laundry, housing unit 4, maintenance shop, and Inmate Education.

A window was installed in the door of all four dining room inmate restrooms. Photos of the modification were provided to the auditor on June 11, 2020.

Chapel. A window was installed in the door of the chapel inmate restroom. A photo of the modification was provided to the auditor on June 11, 2020.

Laundry. A window was installed in the door of the laundry inmate restroom. A photo of the modification was provided to the auditor on June 11, 2020.

Housing Unit 4. The restroom in Housing Unit 4 was reassigned to be a staff only restroom. A window was installed in the door of the Chapel Inmate Restroom. A photo of the modification was provided to the auditor on June 11, 2020.

Maintenance shop. SDCC replaced the door with a curtain. This allows staff to see if an inmate is in the restroom without compromising their modesty.

Education inmate restroom. SDCC blocked the door in the open position. Because there are stalls in the restroom, this did not create a cross gender viewing issue. Photos of the correction were provided on May 19, 2020.

Staff could not see into the Prison Industries Card Sorting Room bathroom hallway from the main room. SDCC installed a mirror that reflects down the hallway, into the restroom. This allows staff to see into the hall and restroom. Individual toilet stalls provide modesty for the inmates. Photos of the mirror and its reflections were provided as proof of practice on May 19, 2020.

Both inmate restroom entries in Culinary Arts were blind locations from the main floor. The Culinary Arts Building has been locked and secured from inmate and non-essential staff movement. Signs have been posted on the door. There are no future plans to reopen this section of the prison. Photos of the signage were provided to the audit team on May 19, 2020.

Because the Electrician's Office had no windows, staff could not easily check on the staff or inmate's safety or determine if anyone was in the office. On April 5, 2020, a photo of a window that had been installed in the door was provided to the auditor.

The Chapel storage area behind the stage could not be seen from the staff's office or the chapel floor. A camera was installed in the back stage room. The monitor for the camera is in the Chaplin's office. Photos of the camera, monitor and screen view were provided on May 19, 2020.

Prison Industries lofts had a locked gate, however the lock was a combination lock. The locks were replaced with keyed locks. Photos were provided of the corrections on May 19, 2020.

Overall the staffing is thin in the industries area and there was no way to determine if staff move around the area to monitor inmate activity. SDCC added tour documenting requirements to their procedures. Staff are required to log their tours in logbooks in the area and on NOTIS. Each month the PCM provided copies of the logs to prove that staff were conducting random frequent tours of the various sections of industries.

## **Standard 115.14: Youthful inmates**

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

### **115.14 (a)**

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

### 115.14 (b)

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

### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

SDCC does not house juvenile offenders. According to a memorandum signed by the Warden of SDCC, all youthful offenders incarcerated in the State of Nevada are housed at Lovelock Correctional Center.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, 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*)

### Instructions for Overall Compliance Determination Narrative

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

Operational Procedure 422, Searches and Seizure Procedures, page 3, section 422.02, states that unclothed body searches of inmates will not be conducted by an Officer of the opposite sex, except in exigent circumstances or when performed by medical practitioners and it must be documented in NOTIS. If such an emergency exists, the search will be documented in Nevada Offender Tracking Information System (NOTIS). Additionally this section of the operational procedure stated that the Facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening).



According to the staff and inmates interviewed, female staff have not conducted any strip searches on male inmates at SDCC. Staff stated that they would only do a strip search of a cross gender inmate if it was an extreme emergency. These staff knew that in the event that they had to strip search a cross gender inmate, they would document it. A memorandum authored by the Warden, dated January 8, 2020, states that there have not been any cross gender unclothed body searches conducted at SDCC in the past year.

SDCC does not house female inmates. Standard 115.15(b) and 115.15 (c) are not applicable.

OP 422, Search and Seizure Standards, section 422.02, states Southern Desert Correctional Center shall enable inmates to shower, perform bodily function and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to room checks (this includes viewing via video camera).

When asked, all of the inmates stated that they are allowed to toilet, dress and shower without female staff watching them. The physical design of the housing units makes it difficult for a staff member to see into the shower area without moving the curtain or intentionally looking into the showers. All strip search areas are concealed so that staff not conducting the search cannot see an inmate undress. All inmate restrooms, except the toilets in Housing Units 11 and 12 allow for modesty while an inmate toilets (this was corrected during the corrective action period). A review of the video monitors showed that two of the video cameras monitored the interior of inmate's cells. These cells are used for monitoring inmates on suicide watch, however, inmates are also housed in these cells for other reasons (this was also remedied during the corrective action period).

Operational Procedure 400, General Security Supervision, states that staff of the opposite gender shall announce their presence when entering an inmate housing unit. The staff document the announcement in NOTIS and the shift log with a PREA sub title. A review of NOTIS confirmed this documentation. During the inmate interviews, 32 of 40 of the inmates stated that female staff's presence is announced every time that they enter the housing unit. Six inmates stated some or most of the time the announcements are made and two said that the female staff do not announce their presence when they enter a housing unit. During the tour the announcements were always made in our presence. All staff stated that the announcements are routine and expected.

OP 422, Search and Seizure Standards, section 422.04, page 3, restricts staff from searching inmates for the sole purpose of determining their genital statuses. Information on an offender's

genital status is to be obtained during routine conversation or a review of medical records. All of the staff interviewed stated that they do not search inmates to determine their genitalia status. None of the inmates claimed to have been strip searched for this reason.

The training that is provided to custody staff by NDOC is very thorough and comprehensive on searching methods. The training power point demonstrates, to staff, how to properly conduct a pat down search of transgender and intersex inmates. A list of staff, with their training dates was provided to the audit team. A review of the documents indicates that only four custody staff of the approximately 200 employees has not received the required pat-down search training. The reasons for non-compliance were noted on the tracking sheet.

During the tour of SDCC, the audit team observed two areas that allowed for cross gender viewing. Both of these areas were discussed with the management team at SDCC. During the corrective action period of the audit these violations were resolved.

The toilet stalls in Housing Units 11 and 12 did not have modesty screens. Curtains were added to the front of the stalls. Photos of the restroom was provided to the auditor on May 19, 2020.

The video monitoring cameras in the medical isolation cells did not allow for an inmate to use the toilet without staff watching them. To correct this issue, SDCC placed a mark on the lens of the camera that obscures the toilet area of the cell. On April 5, 2020, photos of the monitor screen shots were provide.

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

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

### **115.16 (a)**

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

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

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

## 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Administrative Regulation 421, Prison Rape Elimination Act, section 421.07, states that all inmates will be afforded PREA education, including inmates who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The PREA resource Manual requires that the facility utilize the necessary resources that are available to assist inmates who have disabilities to insure those inmates have equal access to participate in or benefit from every aspect of the prevention, detection and response to sexual abuse and sexual harassment. The inmates receive the PREA information in the Prison Rape Elimination Act Education and Information Sheet when they first arrive at the facility. All inmates are also required to watch a 15 minute video on NDOC's PREA policy. The video and handout are available in both English, and Spanish. The video does have closed caption for the hearing impaired. The policy is also available in braille format if needed. Inmates are required to sign acknowledgement of receiving the information.

AR 658, Reasonable Accommodations, section 658.07, states that the ADA Coordinator, with the assistance on the Medical Department, will ensure that hearing and vision impaired inmates have access to auxiliary aids when required for effective communication in assessing and participating in programs and services, including PREA reporting and follow-up. Operational Procedure 511, Inmate Orientation Program, section 511.02 directs staff to make every attempt to insure that inmates who are limited English proficient have equal opportunity to participate or benefit from all aspects of the agencies efforts. This section also states that if a literacy or disability problem exists; a facilitator will assist the inmate in understanding the material.

NDOC has contracted with CTS Language Link to provide both spoken interpretation and written translation services. Information on how to access those services can be found in the Shift

Supervisor's office. The audit team was provided copies of the contract with CTS Language Link. This language link was used by this auditor to conduct an interview with an inmate who did not speak English. Not all supervisors were aware of this service. It was requested that SDCC train all supervisors in access to, and use of, the CTS Language Link. All classification and supervisory staff were trained in use of the language link during the months of June and July, 2020. Training sign in sheets were provided to this auditor at the completion of the training.

SDCC has several methods for inmates with physical disabilities, such as vision and hearing impaired to receive the information. Operational Procedure 511, Inmate Orientation Program, requires that written information be provided to the inmate in their first language if practical. At the time of the on-site portion of the audit, SDCC did not have a written policy that requires staff to establish effective communication. Even though there was no policy, it appeared that inmates were provided the information in a manner that they were able to comprehend. The intake staff are fluent in Spanish and they make every effort to insure the newly arriving inmates understand to PREA information. Additionally the PCM maintains a log of non-English speaking inmates. She has instructed the classification staff to document use of the interpretive services whenever they have contact with these inmates. This documentation is maintained in this log. SDCC has four staff that are fluent in Spanish, one fluent in Tagalog and one fluent in Mandarin Chinese. Seven inmates were interviewed that needed some form of assistance with effective communication (three English Second Language, three hearing impaired and one developmentally disabled). All seven of the inmates were able to reiterate the PREA policy well enough to demonstrate comprehension.

Operational Procedure 511, Inmate Orientation Program, section 511.02 prohibits the use of inmate interpreters, inmate readers or other types of inmate assistance unless it is an emergency situation. All of the staff knew the limit of utilizing an inmate interpreter. Not all of the staff were aware of the translation service that NDOC has a contract with. This information should be provided to staff during the training cycle.

SDCC revised OP 573 to include a section that addresses when and how to establish effective communication during the PREA screening process, PREA education process and PREA reporting process. A copy of the new policy was provided to the audit team on April 14, 2020.

## **Standard 115.17: Hiring and promotion decisions**

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

#### **115.17 (a)**

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

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

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone 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*)

### Instructions for Overall Compliance Determination Narrative

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

Have they engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or have they been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or have they been civilly or administratively adjudicated to have engaged in the activity described in any part of this question.

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

Answering affirmative to either of these questions can result in the denial of employment or, in the case of contractors and volunteers, denial of access into the facility. Providing false information is grounds for dismissal. Staff answer these questions during the initial interview process, and during any promotional interview. A review of the personnel and volunteer's files demonstrated compliance with this policy. Every file reviewed had a copy of these questions answered by the employee.

NDOC Administrative Regulation 300 requires that NDOC complete a background check before hiring or promoting any staff member. NDOC uses National Crime Information Center (NCIC) and the Nevada Department of Public Safety, Records, communications and Compliance Division to complete background clearances. Five examples of background checks on recent promotions were supplied with the pre-audit material. 20 personnel files were reviewed. All 20 of the personnel files showed that a background check had been completed upon initial hiring or during the last promotion.

Human Resources must make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. One example of the information request was provided to the audit team with the pre-audit material. This request included questions about if prospective employee was investigated for a PREA allegation. Of the 20 personnel files reviewed, five employees files did not contain the employee self-certification that they had not engaged in sexual misconduct with an inmate. During the interview with the head of personnel, she explained the hiring process and how back ground checks are conducted. She explained what her staff would do if they discovered that an employee was dishonest during the application and hiring process.

The office of the Inspector General is required to do a biannual audit of random HR files for employees of the Department who were hired in the previous six months to ensure compliance with the required background check. According to Administrative Regulation 4521.04, NDOC conducts background checks on all current employees every three years. The month that the employee was hired determines which month the follow-up background check will be conducted. The last cycle was initiated in August 2019. Of the 20 files reviewed, ten had been hired or



promoted over five years ago. All ten of these employees had a background check completed by the Office of the Inspector General within the past five years.

NDOC policy requires Human Resources to disclose any substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied for work. SDCC provided one example of a request about a prospective employee that they received from another agency with the pre-audit materials. This request was over three years old. This request was responded to timely. The head of personnel stated that she would provide any information on prior sexual abuse or sexual harassment of an inmate if she received an inquiry from another institution about a previous employee.

NDOC Operational Procedure SS-0063, Background Clearance Application Procedure, requires that every contractor must have a background check completed prior to entering the facility. Additionally AR 212 requires that the background check be completed every three years thereafter. According to this policy, a contractor is always denied if they have any type of sexual conviction.

SDCC was able to provide the documents that all contractors and volunteers must fill out and sign prior to being allowed to have contact with inmates. Additionally they are required to disclose any prior sexual misconduct convictions, administrative or civil actions, annually during their PREA training. Policy requires the volunteer or contractor to disclose any sexual misconduct. Failure to do so would result in restriction from grounds. A list of all of the volunteers and contract staff approved to enter NDOC facilities was provided to this auditor. The two contractor files and two volunteer files were reviewed by the audit team. The documents viewed by this audit team showed that all of the approved individuals have had their background cleared within the past three years and had signed a document disclosing any prior sexual misconduct in an institutional setting.

As a result of the finding of the on-site portion of the audit, NDOC Human Resources conducted an audit to determine how many staff did not have self-certification forms in their personnel file. The five documents that were discovered missing during the on-site portion of the audit were completed by those five staff and copies were provided to the auditor on March 23, 2020. The NDOC file audit was completed on May 19, 2020. 223 files, or 13%, were missing the required self-certification documents. On September 3, 2020, all but 67, less than 4%, of the 1702 staff's personnel files contained the self-certification forms. Copies of the forms were forwarded to the auditor as they were received by personnel. Based on the information provided, this auditor determined that SDCC and NDOC were in substantial compliance with this standard.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The NDOC PREA Manual requires that when the Department is designing or acquiring any new facility or planning any major expansion, acquisition or modification, that the Director, Deputy Director(s) and designee consider the effect of the design, acquisition, expansion or modification on the Department's ability to protect inmates from sexual abuse. Additionally the manual requires the Department, when installing new electronic monitoring systems, to consider how the technology will enhance the Department's ability to protect inmates from sexual abuse.

According to the PCM, SDCC has had some upgrades to the facility in the past year. Most of the upgrades are infrastructure updates such as plumbing, HVAC and electrical. Physical

changes were limited to shower stall updates in Administrative Segregation and instillation of cameras to improve the video surveillance system. Prior to instillation, cross gender viewing issues and “blind spot” issues were considered. The audit team reviewed the modifications that were completed. There were no PREA issues identified as a result of these modifications.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (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*)

## Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 421, section 421.12, states that NDOC office of the Inspector General, will investigate all allegations of staff on inmate sexual abuse and sexual harassment and all inmate on inmate sexual abuse. Operational Procedure 421.1, Sexual Assault Response and Coordinated response, address the protocols for collection of evidence for use in an administrative proceedings and criminal prosecution. Combined with OP 458, Crime Scene Preservation and Investigation, the policies include discovery, handling, delivery, retrieval, logging, storage, retention and destruction of all evidence.

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

Operational Procedure 432, Transportation of Inmates for Medical Treatment, section 432.02, provides staff with guidance on to transport an inmate that is in need of a forensic exam. The procedure explains the evidence collection process, prior to the exam, the time frames for conducting the exam and the location to transport the inmate victim to. No inmates have required a forensic exam during this audit period.

NDOC and SDCC utilize a local hospital's Sexual Assault Nurse Examiner (SANE) to conduct the forensic exams. Currently NDOC has an agreement with University Medical Center in Las Vegas Nevada to conduct forensic exams. The audit team contacted the SAFE/SANE Coordinator with UMC and confirmed that they conduct the forensic exams for SDCC. If an inmate is taken to UMC for a SAFE/SANE exam, they report to the emergency room. A SAFE/SANE nurse is called in to perform the exam. If there is no SAFE/SANE nurse available, the physician on duty will perform the exam. The person that the team spoke to stated that all of the certified SAFE/SANE nurses' training follows the National Protocol for Sexual Assault Medical Forensic Examinations as set forth by the Office of Violence Against Women.

SDCC uses the Rape Crisis Center (RCC) in Las Vegas for victim advocacy services. According to the coordinator, they will accompany the offender, if requested, during the exam and investigation process. NDOC is working with RCC to update the contract. RCC has either staff or volunteers answering the rape hotline 24 hours a day, seven days a week. All of the volunteers are required to take a 50 hour training course on crisis intervention.

During the interviews with the investigators and the PCM they stated that inmates are offered a victim advocate in the event that they are going to have a forensic exam. The investigators also stated that they would let the victim advocate accompany the victim inmate during the investigation interview if the inmate requests it. They had not had any inmates request a victim advocate during the interview in the past.

## 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*)

### Instructions for Overall Compliance Determination Narrative

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

Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.12, states "NDOC Office of the Inspector General will investigate all allegations of staff on inmate sexual abuse, sexual harassment and inmate on inmate sexual abuse." Additionally the AR states that all substantiated criminal cases shall be referred to the applicable prosecutorial authority for review of prosecution. This information is on the NDOC website. AR 457, Investigations, states that all incidents shall be reported to the IG per the requirements of AR 332. The IG or designee shall be immediately notified of PREA related or serious incidents involving suspected criminal activity by inmates, staff, or outside parties; or serious violations of Department policy.

SDCC Operational Procedure 457, Investigations, requires that criminal and administrative investigations shall be completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct). The OP also states that the Inspector General of the Department is authorized to investigate criminal and administrative matters arising from the Department or any person employed, incarcerated or present in an institution or facility. It is the responsibility of every employee, regardless of assignment or class, to report Sexual assault/abuse/harassment according with PREA Standard 115.22.

This auditor spoke with the Inspector General for the NDOC. He confirmed that it is the IG Office's responsibility to investigate PREA allegations in NDOC. The IG's office is notified via the Nevada Offender Tracking Information System (NOTIS), the electronic incident notice

system used by NDOC. In emergency cases they are notified via telephone. Once the IG's office receives the notice, they will assign an investigator to the case. At the conclusion of the investigation, if it appears that a felony has taken place, the IG will refer the case to the Attorney General. The Nevada Department of Corrections Prison Rape Elimination Act Manual provides further direction on the Office of Inspector General's responsibility while conducting a criminal investigation.

This auditor interviewed the Supervising Investigators for the Inspector General's Office regarding the investigation of PREA allegations. The investigator stated that they (the IG's Office) investigate all PREA cases that may result in prosecution. If the incident does not appear to be a criminal act, or involve a staff member, the case may be assigned to a supervisor at the institution for fact finding and investigation. One of the institutional investigators was also interviewed. He stated that, if an investigation is not criminal or involve staff, the investigation may be delegated to him through the Warden's Office.

During the audit the PREA incident log was reviewed. There were 19 cases reported during the audit period. All 19 were reported to the Inspector General. SDCC had one concluded PREA cases that met the criteria to refer a case for prosecution during this audit period. The case was referred to the Attorney General, however the Attorney General declined to prosecute the case.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No



- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Administrative Regulation 360, Correctional Employee/Officer Basic Training Program, requires that all staff attend the 80 hour new employee training upon employment. Included in this training is PREA training. The training syllabus was provided with the pre-audit materials. The training includes the following:

#### Zero Tolerance Policy

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

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

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

The dynamics of sexual abuse and harassment in confinement

The common reactions of sexual abuse and harassment victims

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

How to avoid inappropriate relationships with inmates

How to communicate effectively and professionally with the LGBTI

How to comply with relevant laws related to mandatory reporting

The policy requires staff to be trained initially in PREA upon employment through the Correctional Employee/Officer Basic Pre-Service Training (PST). After the PST, the training is required every two years. In years which an employee does not receive PREA refresher training, the employee shall receive refresher information on current PREA policies.

In 2017, all current employees were to receive training in cross gender/transgender pat down searches. Any employee that is hired after 2017 receives the training in the PST. PREA training for 2018 and 2019 are computer based training. This is a full PREA training course, including any relevant updates or changes to PREA policies. Participants must pass a quiz to receive credit for the course. A certificate of completion is printed at the completion of these courses.

Training for SDCC is conducted by NDOC Central Office. In an attempt to determine compliance with this standard, the audit team requested a printout of all staff that work at SDCC who have not received the training for 2017 (pat-down search of transgender inmates), 2018 (refresher PREA training) and 2019, (current PREA training) from the Training Manager. He was able to provide the lists of staff who completed the training and staff who had not completed the training.

A review of the tracking list showed that 16 of the 310 (6%) staff did not attend the PREA training in the past year. A random review of training files reflected similar results in that one of twenty files reviewed (5%) did not have documented training. Since the on-site portion of the audit, several delinquent staff have been provided remedial training. The training certifications were forwarded to this auditor.

All of the staff interviewed were able to explain their role in the PREA process. Every staff knew the zero tolerance policy. They knew that they were mandated to report any PREA allegation to their supervisor and to maintain confidentiality. The staff stated that they would make sure the alleged victim was safe and preserve any crime scene. The general view of the staff that were interviewed was that they would take any allegation serious and would respond accordingly. The staff did not present an air of indifference to the audit team.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

All of the education staff working at SDCC are contract staff performing their specific job duties at SDCC. According to the Principle, all of the teachers at SDCC attend training prior to the school year starting in August every year. The required training includes PREA training. SDCC provided copies of the sign training acknowledgement for several contractors with the pre-audit materials. Five random contractor's training files were reviewed. All of them contained the required training acknowledgment forms and were signed within the past year.

SDCC has 33 volunteers on their Gatehouse list that actually come into the facility. All of the volunteers that visit this facility were trained within the past year. Five random files of volunteers were reviewed. All of them contained the document acknowledging that they have received and understood the PREA training. All of the documents were signed by the volunteer within the past 12 months.

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

## Standard 115.33: Inmate education

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

### 115.33 (a)

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

### 115.33 (b)

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

### 115.33 (c)

- Have all inmates received 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*)

#### Instructions for Overall Compliance Determination Narrative

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

Administrative Regulation 511, Inmate Orientation Program, requires that inmates receive information on PREA upon arrival. The inmates are provided an orientation handbook and a PREA Information and Education Sheet. This document explains the NDOC zero tolerance policy, the inmate's rights under PREA and how to report a PREA incident. The Information and Education Sheet are available in both English and Spanish. AR 511 requires that when a literacy problem exists, staff will assist an inmate in understanding the material. AR 421 states that inmates are shown the NDOC Comprehensive PREA video within 30 minutes of upon arrival. The inmates then sign a document acknowledging that they watched the video and understand the information. The information that the inmate received the training is input into NOTIS.

The Offender Handbook contains the NDOC zero tolerance policy on sexual abuse and sexual harassment, that inmates have a right to be free from sexual abuse/harassment and how to report sexual abuse/harassment. NDOC has a contract in place with CTS Language Link to provide interpretive services for offenders who do not understand English.

The audit team was present when a van of inmates arrived at SDCC and observed the intake process. The inmates were shown the video and provided the inmate handbook and PREA information and Education Sheet. When the caseworker interviews the inmate, he has them sign the acknowledgment sheet at that time. The staff that work in the intake area are fluent in English and Spanish. They explained to the audit team what they do if an inmate does not comprehend English. The intake staff discuss the PREA information that is provided with the inmate to make sure that the inmate understands the information that they are receiving. They provide the Spanish version of the video for them to watch and give them copies of PREA Information and Education Sheet in Spanish. If the inmate does not speak either English or

Spanish, they would use the Language Link. According to the intake staff, they have not had to use the Language Link in the past.

SDCC did a mass PREA education in April 2014, for all inmates currently at SDCC. Documents provided to the audit team support this information. All of the inmates that arrived after that date were provided education during intake.

Documentation provided to this auditor, along with random reviews of 21 inmate files, and inmate interviews indicated that the inmate education portion of PREA is well within the standard. A review of inmate files revealed that copies of the signed acknowledgement form were in 21 of the 21 files reviewed. Three of the files reviewed were of Spanish speaking inmates. The acknowledgement forms were in Spanish. Most of the inmates are provided the training on the day of arrival. Those that did not receive it on the day of arrival received it the next day.

Of the inmates 40 inmates interviewed, 32 have been at SDCC for less than three years. Only one of those 32 inmates stated that they could not recall if they received any PREA information upon arrival. All 40 inmates were familiar with the PREA policy and knew that sexual assault and harassment were a violation of the rules. Every one of the inmates that were interviewed knew at least three way that they could report a PREA.

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

This auditor rated SDCC exceeding standard in this area. The intake staff have an interactive conversation with the inmate to insure that each inmate is provided the PREA information in a manner that the inmate is able to understand. Based on the interviews with the inmates and intake staff it is apparent that the inmate education process at SDCC is effective and relevant.

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

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

#### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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*)

### Instructions for Overall Compliance Determination Narrative

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NDOC utilizes investigators from the Inspector General's Office to conduct all PREA allegation investigations. The investigators are required to attend the same PREA training as all NDOC employees. Additionally they are required to take the National Institute of Corrections course on Investigating Sexual Abuse in a Confined Setting. This course covers techniques for interviewing sexual abuse victims, compelled interview warnings, sexual abuse evidence



collection and criteria and evidence required to substantiate a case for administrative or criminal prosecution.

This auditor was provided a copy of the training syllabus and completion certificates of the investigators for the Inspector General's Office. The IG's Office has 19 PREA trained investigators. The audit team was provided copies of all 19 investigator's training certificates. SDCC has nine supervisors that are used as local investigators to investigate non-criminal, non-staff PREA cases. Their training certificates were provided by the PCM when the audit team requested them.

The audit team interviewed one investigator from SDCC and one Supervising Investigator from the IG's Office. During the interview with the investigators, they demonstrated knowledge on how to conduct a PREA investigation. This knowledge included what evidence to look for during an investigation, how to interview the alleged victim, suspect and potential witnesses. The investigators were able to explain how and when they would refer a case for prosecution. Both of the investigators interviewed knew how to conduct compelled interviews.

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

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

#### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (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*)

### Instructions for Overall Compliance Determination Narrative

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

The NDOC PREA Manual states that all medical and mental health employees assigned in the Department will complete specialized training specifically in:

How to detect and assess signs of sexual abuse and sexual harassment

How to preserve physical evidence of sexual harassment

How to respond effectively and professionally to victims of sexual abuse and sexual harassment

How and to whom to report allegations or suspicions of sexual abuse and sexual harassment

This training is provided by the National Institute of Corrections on-line training facility. A printed certificate documenting the completion of the class is to be placed in the employee's supervisory file at the institution and within the Department's employee training file. The two on-line classes that medical/mental health staff are required to take to fulfill this standard are "Medical Health Care for Sexual Assault Victims in a Confined Setting" and "Behavioral Health Care for Sexual Assault Victims in a Confined Setting".

All medical and mental health care practitioners are also required to receive the training mandated for employees in PREA standards 115.31 and 115.32, depending on their employment status. Administrative Regulation 360, Correctional Employee/Officer Basic Training Program, requires that all staff attend the 80 hour new employee training upon employment. Included in this training is PREA training. Medical Staff are not excluded from this requirement.

Medical staff at SDCC are not trained to conduct forensic exams. All forensic exams are conducted by a SAFE/SANE Nurse from University Medical Center in Las Vegas.

According to the documents provided to the audit team, 23 of 24 medical and mental health staff have completed both, the mental health component and the medical component of the NIC training. The audit team was provided signed acknowledgment forms showing that the medical and mental health staff had attended this specialized training during their annual training requirements. During the interviews with the medical and mental health staff they explained the specialized training that they receive relative to PREA. All four medical/mental health staff interviewed knew their role and responsibility when an inmate makes a PREA allegation. All four were aware of how to communicate with a victim of a sexual assault and their obligation to report a sexual assault that occurred in a correctional setting.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

### 115.41 (a)

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

### 115.41 (b)

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

### 115.41 (c)

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

### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, 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*)

#### Instructions for Overall Compliance Determination Narrative

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

Administrative Regulation 573, PREA Screening and Classification, section 573.01, states that a transfer screening should take place as soon as possible, but shall be completed within 72 hours of arrival at a new facility. Whenever possible, and consistent with the safety and security needs, inmates are not to be housed together in two-man cells prior to PREA screening. A case note (PREA-Intake Assessment) will be generated to document said action.

The PREA Risk Assessment Tool (DOC 2097) utilized by NDOC has 10 questions to assess the inmate's vulnerability toward victimization and 4 questions to assess his potential toward predatory behavior.

The PREA Risk Assessment will be used for all screenings and assessments include the following factors:

#### Possible Victim Factors:

- Whether the inmate has a mental, physical or developmental disability.
- The age of the inmate.
- The physical build of the inmate.
- Whether the inmate has previously been incarcerated.
- Whether the inmate's criminal history is exclusively nonviolent.
- Whether the inmate has prior convictions for sex offenses.
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the inmate has previously experienced sexual victimization.
- The inmate's own perception of vulnerability.

A transgender and/or intersex inmate's own views with respect to his/her safety shall be given serious consideration.

#### Possible Aggressor Factors:

- History of institutional violent behavior.
- Any history of sexual abuse.
- History of convictions for violent offenses.
- History of correctional facility sexual abuse, which may include violations contained in AR 707 that are of a sexual nature.

A corresponding alert in NOTIS will be entered on all known victims (PREA-High Risk of Sexual Victimization) and all known predators (PREA-High Risk of Sexual Abusiveness).

The audit team reviewed the intake process during the on-site tour. When an Inmate arrives at SDCC, a designated Correctional Casework Specialist (CCS) interviews the inmate in a confidential, secure office in the intake area. A Medical Clinician and a Mental Health Clinician are also in offices in the intake area during processing. The CCS completes the objective screening assessment, with the input of the inmate. A case note is entered in NOTIS to document that the assessment tool was completed and note if any alerts were added. All data will be entered into the Microsoft Access PREA tracking database. Once the assessment tool is completed, it will be placed in the I-file. A CCS is available to interview and assess inmates

on the day of transfer from another facility. If SDCC receives an inmate from another NDOC facility after normal business hours, the inmate is screened the next business day. All new arrival inmates are housed in a housing unit consistent with their safety and security needs.

Operational Procedure 573, PREA Screening and Classification, requires that within 30 days from the inmate's arrival at the facility, the unit Caseworker will reassess the inmate's risk of victimization or potential for abusiveness towards other inmates based upon any additional, relevant information which may have been received since the initial screening. If there are no additional concerns, a case note (PREA 30 Day Follow Up) is generated to reflect that there have been no changes to the PREA Intake Assessment. If, upon interview, additional information is received, a PREA Risk Assessment is completed. A corresponding Alert in NOTIS is entered on all known victims (PREA High Risk of Sexual Victimization) and all known predators (PREA High Risk of Sexual Abusiveness).

A list that included initial assessment dates and 30 day follow-up assessment dates of all inmates received at SDCC was provided to the auditor with the pre-audit material. A review of the list demonstrated that inmates were screened for risk assessment on the day of arrival and then again within 21 days over 99% of the time. According to the list, all of the inmates received their initial screening within 72 hours of arrival. A review of the inmate files did not contradict the data provided with the pre-audit materials. Of the 20 files reviewed by the audit team, 18 of these inmates arrived in the past year. SDCC completed the initial assessment within 72 hours and the follow-up assessment within 30 days 100% of the time on these 18 inmates.

Inmates are reassessed at each 12 month regular review and a PREA Regular Review Assessment case note will be entered to document said action. Inmates will also be reassessed if; the inmate requests it, a staff member refers an inmate for reassessment, if additional information is received or if the inmate is involved in an incident of sexual abuse. According to the Operational Procedure, Inmates cannot be disciplined for refusing to answer these questions. The PCM and the caseworker, both stated that the inmates are not disciplined if they refuse to answer the screening questions.

The audit team reviewed twenty random inmate files. All twenty files included an initial screening. Two of the inmates were received prior 2014, there screening was completed in 2014. The other 18 were seen for a follow-up screening by their case worker within 30 days of arrival (usually about 14 days).

During interviews with a sample of the inmate population, most of the 32 random and targeted inmates interviewed, that have been housed at SDCC for less than three years, remember going through the PREA screening process on the day of arrival. Two of those inmates stated that they had not. These inmates' files were reviewed and the screening forms were in the file. Of those same 32 inmates, only four cannot remember being asked questions regarding their sexual safety a second time within one month of arrival. The other 28 stated that they remember being asked the screening questions again by their case worker. Most of the inmates said this occurred about two weeks after arrival at SDCC.

Only staff have access to the files. The results of the risk assessment are not shared with any other inmates.



## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (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*)
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## Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 573, Prison Rape Elimination Act Screening and Classification, section 573.03, states that staff shall use information from the risk assessment to make informed housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff shall make individualized determinations about how to ensure the safety of each inmate. Prior to initiating a bed move, the caseworker must check PREA Alerts for victimization and/or abusiveness. At no time will a known victim and a known aggressor be housed together in a two man cell. A possible victim and a possible aggressor should not be housed together unless necessary. Non-victims and non-aggressors may be housed with any other category, subject to individual case factors.

All program, education and work assignments are monitored and supervised by custody or free staff at all times to ensure safety and security of all inmates. During the interviews with the classification staff they explained what they review prior to housing an inmate or placing him in a work assignment. They stated that there are enough housing options available so that they do not house a possible victim and a possible aggressor in the same dorm or cell. None of the work assignments, within the secure perimeter, at SDCC require two or more inmate to work together unsupervised.

AR 494, evaluation, Placement, and Treatment of Transgender and/or Intersex Inmates, requires the Non-Conforming Gender Review Committee (NGRC) to determine where to house transgender inmates. The committee requires the input from medical doctors and Mental Health Clinicians. A complete medical and mental health history is required and any relevant information from the inmate is considered. Even though there have been several requests by transgender inmates to be housed in facilities consistent with their gender identity, the NGRC had not reviewed any cases at the time of the audit. On March 23, 2020, the NGRC convened and reviewed three Trans female inmate's requests to be housed at a female facility. The committee was attended by the NDOC Medical Director, Mental Health Director, the PREA Coordinator, and Deputy Director. The committee was chaired by the NDOC Director. All three cases were denied placement in a female facility, citing predatory and other safety concerns.

NDOC does not house transgender, intersex, lesbian, gay or bisexual inmates in specific facilities. SDCC does not house transgender, intersex, homosexual or bi-sexual inmates in specific housing units. At the time of the on-site portion of the audit, there were two inmates identified as transgender. These inmates were living in different housing units. According to the PCM, the housing was based on their individual case factors.

All NDOC inmates' safety and program needs are reassessed every twelve months. Transgender and intersex inmates are required to be reassessed every six months. Policy requires that the view of the transgender or intersex inmate toward their safety will be given serious consideration. AR 573, section 573.02, requires that transgender and intersex inmates are given the opportunity to shower separately from the other inmates. The design of the showers at SDCC allows all inmates to shower separately from each other. Both of the transgender inmates were interviewed and their files reviewed by the audit team. Both transgender inmates who have been at SDCC for more than six months have had their housing and programming reassessed every six months since arriving at SDCC.

During the interviews with the LGBTI inmate population, none of the inmates expressed concerns about their sexual safety.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No

- If the facility restricts 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*)
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## Instructions for Overall Compliance Determination Narrative

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NDOC does not allow inmates to be placed in involuntary segregated housing based solely on victimization concerns unless there are no other safe housing options. Administrative Regulation 573.04, states "Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and it has been determined that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing no more than 24 hours. During the weekends or holidays the on-duty Associate Warden must be notified to make appropriate arrangements. If the inmate voluntarily requests segregated housing, the inmate will be seen by classification within 72 hours of segregation. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities, the facility shall document:

The opportunities that have been limited;

The duration of the limitation; and

The reasons for such limitations.

The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and such assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made the facility shall clearly document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Every 30 days the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population."

SDCC Operational Procedure 573, PREA Assessment and Classification, section 573.03, states "Southern Desert Correctional Center does not have a Protective Segregation Unit. Inmates placed in voluntary or involuntary Protective Segregation are transported to other facilities that have Protective Custody Housing Units. Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers."

SDCC has one housing unit designated for segregation. The Warden and PCM both said that SDCC does not place inmates who are deemed at risk for sexual victimization in segregation. Both stated that it is the expectation that staff find alternate housing, in lieu of segregation if an inmate appear to be at risk of sexual abuse victimization. The Administrative Segregation

Supervisor stated that he has never seen an inmate placed in Administrative Segregation involuntarily for victimization concerns while he has work at SDCC.

The supervisor was asked what kind of privileges an inmate who is involuntarily placed in segregation would receive. He stated that they would receive the same privileges they had in the general population that can safely be provided in segregation. Anything that they would not be allowed would be documented in the case notes by the caseworker. They cannot have a job, because of safety concerns, however that would be documented. The case worker sees the inmate within the first 72 hours. Then they are seen every 30 days. The supervisor stated that inmate that are in segregation for no-disciplinary reasons are usually transferred to a different prison within a couple of weeks.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

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

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Administrative Regulation 421, Prison Rape Elimination Act, section 421.09, states that inmates, visitors, inmate family members, associates, and other community members can privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Such reporting can include, but not limited to:

Verbal complaints to any Departmental employee

Written complaints, which may be made through the following processes:

Inmate grievances

Grievances alleging staff on inmate sexual misconduct or inmate on inmate sexual abuse will be forwarded immediately to the PREA Compliance Manager and/or AW followed by a confidential report completed in NOTIS. A copy of the grievance



will be forwarded to the PREA Coordinator and Office of the Inspector General for review and investigation.

Inmate kites, written notes or letters to staff or administrators,

And letter directed to the PREA coordinator or any member of the Inspector General's Office.

NDOC Family Services Office by phone or email at info@doc.nv.gov.

Writing the Nevada Attorney General's Office

Calling the internal PREA Hotline telephone number at 775-887-3152

Written documentation received by custody staff will be forwarded to the PREA compliance manager for retention after the allegation has been handled appropriately.

The NDOC has an agreement with the New Mexico Department of Corrections to accept PREA allegations from NDOC inmates, family or public. This gives the inmates a chance to report PREA to another law enforcement agency that is not associated with NDOC. The contact information for the PREA Coordinator at New Mexico Department of Corrections is provided to the inmates via the PREA Information and Education Sheet and it is posted on the walls in common areas around the facility. Additionally the IG's PREA hotline is available on the inmate's phone and e-mail kiosk. The inmates only need to enter a four digit number, provided to the inmate whenever the phone receiver is picked up, to prompt a direct line to the IG's PREA hotline to report an incident. The inmates are not required to give their name to make a report. The access to the PREA hotline was checked by the audit team. We were able to contact the number and leave a message without providing any identifying information about ourselves. Shortly after testing the phone line we received confirmation from the IG's office that the message was received.

All of the inmates interviewed were aware of at least three different ways to report a PREA incident. Some of the examples that the inmates provided included, tell staff, call their family to have them report it, file a grievance, call the hot line or write a kite.

AR 421, requires that all staff report immediately any knowledge, suspicion, or information regarding any incidents of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff shall privately report sexual abuse and sexual harassment incidents with their on duty supervisor. Avenues of reporting can be either in person or by telephone. No other person shall be in the vicinity of hearing the reporting information. Staff is required to report known incidents involving both other staff and inmates. Staff is required to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Information is disseminated on a need to know bases according to policy.

According to the representative of the IG's office that was present during the audit, staff can contact them and report confidentially. The random staff that were interviewed said that they

felt that they could report confidentially to their supervisor or the PCM. Some of them said that they could also report it on the PREA hotline.

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

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 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

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Administrative Regulation 740, Inmate Grievance Procedure, section 740.06, states that all grievances containing allegations of sexual abuse will be referred to the Inspector General's Office for investigation and they will be designated as "PARTIALLY GRANTED" indicating that it has been submitted for investigation by the Inspector General's Office. Operational Procedure 740, Inmate Grievance Procedure, section 740.08, removes all time frame restrictions for the filing of a grievance when the grievance alleges sexual abuse.

Operational Procedure 740, section 740.09, states that all allegations of sexual abuse will be referred to the inspector general's office for investigation via the First Level Grievance (DOC-3093). The Inspector General's office will have 90 days to respond to this allegation. If the grievance alleges sexual assault by a staff member, the inmate is not required to give the grievance to the staff member named in the grievance, nor is the inmate required to attempt to resolve the issue with that staff member. The grievance will not be forwarded to the named staff member to respond to the grievance.

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

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

Operational Procedure 740, section 740.006, addresses the emergency grievance process. When an emergency grievance is filed, the staff member who receives it will give the grievance to the shift supervisor. If the grievance alleges sexual abuse, the grievance will be forwarded to the IG's office. The supervisor will then take necessary measures to resolve the Emergency Grievance including:

- Immediate removal of the inmate/grievant from the area of the alleged danger;

- Immediate, initial written response to the Emergency Grievance;

- Contact the on call Emergency Response Administrator;

The Inspector General (IG) will issue a final written decision within five (5) days. Upon the completion of the investigation into the sexual abuse Emergency Grievance the inmate shall be informed of the outcome of the investigation by the Inspector General's office.

An inmate may not be disciplined for filing a grievance related to alleged sexual abuse unless the Department has demonstrated that the inmate filed the grievance in bad faith.

The Grievance Coordinator for SDCC explained how the grievance process works when there is an allegation of PREA. The inmate drops the grievance in the locked box in the housing unit. The caseworker empties the grievance box once every weekday. The grievances are delivered to the coordinator's office. If the grievance alleges PREA, the coordinator scans the grievance and forwards a copy to the Warden. If the Warden agrees that it is an allegation of a PREA, he sends a copy to the PCM and the IG's office. The information is entered in NOTIS. If the IG's office initiates an investigation, the grievance is returned to the inmate with a "partially granted" response. At the conclusion of the investigation, if the inmate is still not satisfied, they may submit the appeal directly to the IG's Office as a second level appeal.

The Grievance Coordinator stated that they do not require the inmate to give the grievance to the staff member that the grievance is against nor do they require the inmate to try to settle the grievance informally with that staff member.

After reviewing the SDCC investigation logs, there were three PREA allegations received through the appeal process. All of the grievances reviewed by the audit team complied with NDOC policy. The inmates were not required to submit the grievance to a staff member that the allegation was against, nor were they required to settle the grievance informally with that staff member. The grievances were forwarded to the IG's office and investigated. The inmates receive a response to the grievance within the 90 day time frame. In all three cases the response to the inmate was that the allegation was being investigated. There were no emergency grievances related to PREA filed during this audit period.

During the document review it was revealed that the policy required when an issue goes directly to the first level, the inmate shall file an Informal Grievance form for tracking purposes. This included PREA allegations. It was pointed out to the SDCC staff that this was a violation of the PREA standard (115.52 (a) (3)). On April 5, 2020, a revised OP 740 was provided to the auditor. The new revision removed the requirement for the inmate to file an informal grievance when filing a PREA allegation.

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

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

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (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*)

#### Instructions for Overall Compliance Determination Narrative

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

Currently SDCC utilizes the Rape Crisis Center (RCC) in Las Vegas for victim advocacy. NDOC is in the process of renewing the Memorandum of Understanding (MOU) with Community Action Against Rape DBA the RCC in Las Vegas to provide inmates emotional support in the event of a sexual assault. The inmates receive the information via PREA Education and Information Sheet when they first arrive at the facility; additionally there are posters on the walls of the housing units with this information and the phone number is painted on the wall by the telephones. Only about half of inmates interviewed knew about these services even though the information was visible everywhere.

Phone calls to the IG's office are recorded by the IG's office only. The recordings can only be shared for investigation or security reasons. Phone calls to the Rape Crisis Center are not recorded. Any mail to the RCC or IG's office is treated as legal mail and not read by the staff. This information is included on the posters and the PREA Education and Information Sheet that the inmates receive upon arrival.

Copies of the expired MOU, the PREA Information and Education Sheet were provided to the auditors. During the tour of the facility.

The Victim Advocate from the Rape Crisis Center was interviewed. She stated that she has not had any contact with any inmates at SDCC.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The Offender Handbook provided to the inmates as they arrive at SDCC explains that a PREA allegation can be reported to family or friends who can report on their behalf (third party reporting). This information is also on the posters in the housing units and in the visiting room. The Inspector General's website contains this information and is available to the public. Operational Procedure 740, Inmate Grievance Procedure, section 740.08, reiterates that inmates, family, friends and associates may file a PREA allegation on an inmate's behalf.

During the interviews with the inmates, they all knew that they could have somebody else (friend, family member or other inmate) report the allegation for them and that they could report a PREA allegation for another inmate. Most of the inmates stated that this was one of the methods that they would use to report a PREA incident.

Administrative Regulation 421 states that inmates, visitors, inmate family members, associates, and other community members can privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.



Every staff member stated that they would accept a third party PREA report the same as a first party report when asked. Both investigators stated that they would investigate a third party report, just like any other allegation.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

### 115.61 (d)

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

### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 421, section 421.05, requires that all staff must report immediately any knowledge, suspicion, or information regarding any incidents of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff is required to report known incidents involving both other staff and inmates. Policy also requires an employee to report any other employee's neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment or retaliation.

SDCC Operational Procedure 421, Prison Rape Elimination Act-PREA, section 421.08, states SDCC staff will accept reports from any and all sources to include but not limited to: inmates, visitors, inmate family members, associates, and other community members. These individuals can privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. SDCC prohibits retaliation against any person because of his/her involvement in the reporting or investigation of a complaint.

NDOC policy mandates that staff shall not reveal any information related to a sexual abuse report to anyone other than their immediate supervisor. All reports of sexual abuse to include inmates and staff are to be kept confidential. Section 421.17 states all case records associated

with claims of staff sexual abuse, sexual harassment, inmate sexual abuse or any attempt thereof including written reports, investigation reports, evidence, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are confidential.

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

Review of the investigations showed compliance with this standard. In all of the cases that were reviewed by this audit team, once a staff member received an allegation, it was immediately logged into NOTIS. This included allegations that were received via grievance, hotline, by telling a staff member or by kite. In all ten of the cases reviewed by the audit team, each one was reported to the Inspector General's Office on the day it was received. The Inspector General's Office opened the investigation the day it was received. Three of the cases were assigned two days after the information was received.

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

Institutional Nursing Procedure 200, Prison Rape Elimination Act, section II, A. 4, states that medical and mental health practitioners will obtain informed consent from inmate prior to reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under 18. During the interview with medical staff, they explained to the auditor how they inform the inmates of their duty to report and the limits of their confidentiality. When they first meet with an inmate, it is part of their process to explain the clinician's legal obligation to report certain information to the proper authorities.

SDCC does not house any offenders under the age of 18.

SDCC does not have any valuable adults housed at the facility. Northern Nevada Correctional Center, in Carson City, houses most of the elderly and infirmed inmates for the State of Nevada. The Shift Commander informed the audit team that, if vulnerable adult were a victim of sexual assault, they would make a report to Nevada Adult Protective Services.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 421 states that if any NDOC employee becomes aware that an inmate is subject to a substantial risk of imminent sexual abuse, they shall take immediate action to protect the inmate. If the knowledge is obtained by receiving a verbal/written report, the employee will immediately notify the on duty shift supervisor. If the knowledge is obtained by visual observance, the employee will initiate first responder duties in accordance with PREA guidelines. In the Sexual Assault Response procedure, it requires staff to separate the victim from the aggressor and keep the victim safe.

SDCC Operational Procedure 421, Prison Rape Elimination Act, section 421.03(5), 5. Requires that when NDOC learns that an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate.

If information that an inmate is at substantial risk of imminent sexual abuse is received via emergency grievance, the grievance is to be taken to the supervisor. The supervisor shall take immediate action to protect the potential victim and document their actions in NOTIS. According to Operational Procedure 740, Inmate Grievance Procedure, the supervisor will prepare a response to the grievance.

During the interviews, staff explained what they would do if they received information that an inmate was at imminent risk of being sexually assaulted. All of the staff responses were variations of what policy requires. In general most staff responses were as follows: Based on how the information was received, they would interview the potential victim to insure his safety.

They would notify their supervisor and advise them of the situation. They would separate the potential victim from the potential predator while arrangements were made to rehouse either or both inmates or to transfer to alternate institutions. All of the actions taken would be documented in NOTIS. If the potential victim made a PREA allegation, the Inspector General's Office would be notified.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Operational Procedure 421, Prison Rape Elimination Act, Section 421.12, requires that if an inmate reports that he was sexual abused while confined at another institution/facility, the shift supervisor provide notification to the PREA through NOTIS. The Warden will notify the

institutional head where the allegation occurred as soon as possible, but no later than 72 hours after receiving the allegation. The Warden will document his actions using NOTIS.

SDCC Operational Procedure 421, Prison Rape Elimination Act-PREA, section 421.12, states “Southern Desert Correctional Center is responsible that upon receipt of allegation that an inmate was sexually abused while confined at another institution, the shift supervisor that received the allegation shall notify the Warden and initiate an incident report in NOTIS. Notifications shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The Warden shall document that they have received such notification. The Warden shall contact the head of the of the facility in which the incident occurred and shall document in NOTIS that Southern Desert Correctional Center that it has provided such notification within 72 hours of receiving the allegation. The PREA coordinator will ensure the allegation is investigated and documented in NOTIS.”

Upon receiving notification from another agency claiming that a possible PREA incident had occurred at SDCC, the NDOC PREA Coordinator will notify SDCC of the alleged incident. The PREA Coordinator will ensure the allegation is investigated.

The audit team was provided two examples of SDCC reporting to other agencies that SDCC received information, from an inmate, about alleged sexual abuse at the other agencies’ facility. Both of these notices were signed by the Warden and in compliance with the standard. SDCC has received one allegation notice from other facility during this audit period. It was referred for investigation.

The Warden stated that he forwards any allegations that occurred at a different facility, made by inmates at SDCC, to the Warden of that facility. He also notifies the Inspector General’s Office of the allegation. He further stated that if he receives an allegation from another institution, he would make sure that it was investigated per policy.

## **Standard 115.64: Staff first responder duties**

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

#### **115.64 (a)**

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

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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Nevada Department of Corrections PREA Manual provides a detailed process for first responders to follow upon learning of a sexual assault. The manual states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:

Separate the alleged victim and abuser;

Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating;

Escort the alleged victim to the medical department for assessment and to be prepared for transport to the outside medical facility SAFE/SANE Nurse if appropriate;

Take steps to prevent the alleged suspect from destroying any physical evidence.

At no time are the alleged victim and the alleged suspect to have contact with each other. The Shift Supervisor shall notify the Duty Warden as soon as practical and complete a detailed NOTIS entry and a 019 report for the Warden. The report should include all written reports related to the sexual assault or sexual activity. The incident area is secured and treated as a crime scene until released by the Warden, Inspector General or designee. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Operational Procedure 421, Prison Rape Elimination Act-PREA, section 421.09, give a detailed description of what actions staff should take when a PREA allegation is received. The policy distinguishes between when a report of sexual abuse is received within 72 hours of occurrence and after 72 hours of occurrence. The policy includes requesting that the victim does not wash, brush their teeth, urinate, defecate, drink, or eat as this can compromise evidence and ensure the suspect does not wash, brush their teeth, urinate, defecate, drink, or eat as this can compromise evidence.

During the interviews with staff they were able to explain their role in the response to a sexual assault. The general response was that the staff would separate the alleged victim from the alleged suspect (if known). They would contact their supervisor and medical (if needed). They would secure the cell or preserve the crime scene until the investigation team arrives to process the crime scene. They would discourage the alleged victim from washing their hands, changing their clothes, showering, brushing their teeth or using the toilet to preserve any possible evidence. They would prevent the alleged suspect from washing their hands, changing their clothes, showering, brushing their teeth or using the toilet. At no time do they let the alleged victim or the alleged suspect have communication with each other while awaiting transportation to the SAFE/SANE Nurse. The alleged victim and the alleged suspect are kept in separate rooms out of sight and ear shot from each other. They are transported in separate vehicles.

Reviews of the incident reports and investigative reports reflect that staff at SDCC follow the established policies when responding to PREA incidents. None of the allegations that were reported to staff required the alleged victim be transported to a SAFE/SANE Nurse for a forensic exam.



## Standard 115.65: Coordinated response

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

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Operational Procedure 421, Prison Rape Elimination Act-PREA, Section 421.09, provides a detailed process for a coordinated response to a sexual assault. The OP requires the involvement of the Shift Supervisor, the medical staff, management staff, and the Inspector General's Office. Each classification's responsibility for response to sexual assault is outlined in the Operational Procedure. This response includes protection of the victim, preservation of the evidence, reporting and investigation. Medical Directive 117, Sexual Assaults, directs the NDOC medical and mental health staff on what steps to take when responding to a sexual assault; prior to sending the victim to the outside medical facility and upon returning to the institution.

According to the OP, the first responders are to preserve the crime scene and insure the victim's safety. They report it to their supervisor who would in turn report it to the Administration. The IG's office would be notified and investigators would report to process the crime scene. The victim would be taken to medical for initial evaluation and then transferred to an outside hospital for SAFE/SANE exam, if appropriate. The clothing from both the victim and suspect would be processed into evidence. All staff involved are required to submit a report of what actions they took in response to the allegation.

Several different disciplines of staff were interviewed during the on-site portion of the audit. This included custody staff, medical staff, administrators, supervisors and investigators. Each of the staff that were interviewed knew their role when responding to a sexual assault. A review the PREA incident reports appears to support that staff respond appropriately to PREA incidents.

Four interviews were conducted utilizing the first responder's questionnaire. The responses to the questions were all very similar. The staff would call the shift commander, separate the victim and suspect, contact medical and preserve the crime scene. The investigators that were interviewed stated that they would report to the facility and process the crime scene, including confiscating the victim and suspect's clothing. If the alleged victim was transferred to an outside medical facility for SAFE/SANE, one of the investigators would go with the alleged victim. They would interview the victim, potential witnesses and the alleged suspect. Medical staff stated that they would treat any life threatening injuries prior to the victim being sent to the outside hospital. They would continue any treatment once the inmate returned. During the interviews with mental health staff they stated that they would see the victim upon return from the hospital and offer mental health treatment as necessary. All of the staff that were interviewed talked about the different types of documentation they would complete during the process.

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

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

#### **115.66 (a)**

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

#### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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NDOC does not have collective bargaining. This section does not apply.

## 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

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Administrative Regulation 421, Prison Rape Elimination Act, Section 421.13, states that no staff member or inmate who reports sexual abuse or sexual harassment or cooperates with a sexual abuse or sexual harassment investigation will be subjected to any form of retaliation from other staff members or inmates of the Department.

Operational Procedure 421, Prison Rape Elimination Act-PREA, section 421.14, requires the PCM to track all inmate and staff allegations of sexual abuse and reported retaliation using the SDCC PREA Retaliation Monitoring Tracking Log. A daily check of all NOTIS entries will be done by the PCM. All IR's in regards to PREA issues will be added to the tracking log on a daily basis. The PCM shall be responsible to ensure that the tracking log is complete, accurate and completed within time frames.

The PCM will ensure periodic status checks are completed at a minimum of once per month to determine acts of retaliation have not occurred. Once per month the PCM/Designee will meet with all inmates who reported sexual abuse or reported retaliation that resulted from reporting an incident of sexual abuse or sexual harassment. The PCM shall review the inmate's housing changes, transfers, job assignments, program assignments, negative work reviews, and custody status. The PCM shall enter a statement in the incident detail screen of the IR for each inmate who has been tracked for protection purposes. The statement shall indicate that the PREA retaliation monitoring was completed with no findings of retaliation or if the review is being referred to the Inspector General.

The PCM shall notify the Warden of all allegations/suspicions of retaliation of Sexual Abuse and/or Sexual Harassment. The Warden shall review to determine if staff assignments shall be changed or inmate housing assignment shall be changed. The PCM shall generate an IR and enter a report within the NOTIS system for all allegations of retaliation. The report shall be referred to the Inspector General's office for investigations.

Allegations of Sexual Abuse or reported retaliation will be monitored at least every 30 days for a minimum of 90 days. The PCM shall continue to monitor beyond the 90 day time frame if the initial monitoring indicates a continuing need. The above monitoring also includes protections for third party reporters. The PCM shall terminate any monitoring if the agency determines the allegation is unfounded.

The PCM provided the audit team with her PREA Retaliation Tracking Log and related notes from NOTIS screenshots. The log contained the incident number, the date reported, the victim's and suspect's name, date the monitoring was initiated, dates of monitoring checks and date concluded (among other statistical information). When the PCM conducts a monitoring check on the inmate, she interviews the inmate and reviews relevant information in NOTIS and the inmate file. She documents the interaction and what her observations were in NOTIS. The

notes in NOTIS are very detailed. Each inmate is monitored for at least 90 days or until they are released from custody. Of the eleven cases, three were monitored past the 90 days based on her interaction with the inmates. None of the cases at SDCC required retaliation monitoring of staff.

Both the Warden and PCM stated that they take retaliation of any type very seriously. If it is believed that retaliation for reporting a PREA were occurring, both stated that they would report it to the Inspector General's office so that it could be included in the investigation.

During the on-site portion of the audit, a review of the log and NOTIS notes demonstrate non-compliance with this standard. A review of the PCM's tracking showed that it was not synchronized with the cases reported to the Inspector General. Of the ten cases that the audit team reviewed, only six victims had been monitored. The PCM was not sure why they were not included on her tracking list. During the corrective action period, the PCM provided copies of the retaliation monitoring tracking, the case notes and the Inspector General's PREA case log at the end of each month. A review of the documentation demonstrated that the cases were being logged and tracked correctly and the retaliation monitoring was compliant with the standard. Additionally the PCM re-contacted and monitored the four inmates that she did not monitor prior to the audit.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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NDOC does not allow inmates to be placed in involuntary segregated housing based solely on being a victim of sexual assault unless there is no other safe housing options. Administrative Regulation 573.04, states “Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and it has been determined that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing no more than 24 hours. During the weekends or holidays the on-duty Associate Warden must be notified to make appropriate arrangements. If the inmate voluntarily requests segregated housing, the inmate will be seen by classification within 72 hours of segregation. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities, the facility shall document:

The opportunities that have been limited;

The duration of the limitation; and

The reasons for such limitations.

The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and such assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made the facility shall clearly document the basis for the facility’s concern for the inmate’s safety and the reason why no alternative means of separation can be arranged. Every 30 days the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.”

SDCC Operational Procedure 573, PREA Assessment and Classification, section 573.03, states “Southern Desert Correctional Center does not have a Protective Segregation Unit. Inmates placed in voluntary or involuntary Protective Segregation are transported to other facilities that have Protective Custody Housing Units. Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers.”

SDCC has one housing unit designated for segregation. The Warden and PCM both said that SDCC does not place inmates who allege to be a victim of a PREA in segregation. Both stated that it is the expectation that staff find alternate housing, in lieu of segregation if an inmate appear to have been a victim of a sexual assault or reports a PREA. The Administrative Segregation Supervisor stated that he has never seen an inmate placed in Administrative Segregation involuntarily for victimization concerns while he has work at SDCC.

The supervisor was asked what kind of privileges an inmate who is involuntarily placed in segregation would receive. He stated that they would receive the same privileges they had in the general population that can safely be provided in segregation. Anything that they would not be allowed would be documented in the case notes by the caseworker. They cannot have a job,

because of safety concerns, however that would be documented. The case worker sees the inmate within the first 72 hours. Then they are seen every 30 days. The supervisor stated that inmate that are in segregation for no-disciplinary reasons are usually transferred to a different prison within a couple of weeks.

According to a memorandum provided to the audit team, signed by the Warden, SDCC has not had any inmates placed in segregation involuntarily based on making the allegation that they were a victim of sexual assault during this audit period. During the audit tour and document review, the audit team could not find any cases where this had occurred.

At the time of the on-site portion of the audit, SDCC did not have a policy addressing when an alleged victim may be placed in segregated housing for protective custody and, once placed in segregated housing, what privileges he will receive.

On April 6, 2020, a revised OP 421 and on April 15, 2020 a revised OP 573 were provided to the auditor. These policy addressed the proper use of Administrative Segregation for an inmate who makes a PREA allegation. This included attempting to find alternate housing for the inmate and utilizing segregation only if there is no other safe housing available. The policy also addresses what privileges the inmate will receive while in segregation and how long they will be in segregation. The policy is now compliant with PREA standard 115.68.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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



### 115.71 (c)

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

### 115.71 (d)

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

### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

### 115.71 (f)

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

### 115.71 (g)

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

### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, mandates that the NDOC, Office of the Inspector General (IG), will investigate all allegations of staff on inmate sexual abuse, sexual harassment and inmate on inmate sexual abuse within the NDOC. This includes third party and anonymous reporting of a PREA allegation. Investigators are assigned to cases via the IG's Office as soon as a complaint is received. The investigators are trained in how to do criminal and sexual assault investigations. This includes a thorough, complete and objective investigation. Investigators assigned to investigate allegations of sexual abuse or sexual assault shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative

proceedings and criminal prosecutions. If the case is determined to be none criminal, and does not involve staff, the IG's Office may assign it to an investigator from the facility.

The IG's Office has a team of 19 investigators trained in investigating sexual assault cases. The training includes conducting sexual assault investigations in a confinement setting, interviewing victims of sexual assault, proper use of Maranda and Garrity warnings, sexual abuse evidence collection, and preparing a case for referral for prosecution. Reviewing the training record confirmed that the investigation team had all received the proper training. Local investigators who work at the institution, not assigned to the IG's Office, receive the same training. These local investigators typically investigate inmate on inmate sexual harassment or other non-criminal cases that do not involve staff.

The investigators that were interviewed for this audit were able to explain the investigation process. When they are first assigned to a case, they make sure that the alleged victim is safe and receiving medical attention, including a forensic exam if needed. They report to the crime scene and collect any evidence. They also collect the evidence from the forensic exam. They review staff reports and interview the victim. They then interview the suspect (if known) and any witnesses. The investigators stated that they also review any video tapes, phone calls, documents or other relevant evidence. Once all of the interviews are completed and evidence has been reviewed, they write a report stating the facts of the case. The investigator then submits the case to the Attorney General's for possible prosecution. The Warden of the facility is provided all of the reports. The evidentiary standard to substantiate a case is preponderance of evidence.

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

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

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

Policy states that the departure of the alleged abuser or victim from the employment of the Department or control of the institution/facility shall not provide a basis for terminating an investigation. Both investigators that were interviewed stated that they would continue with the case, even if the victim or suspect was released to the community or, in the case of an employee, the suspect resigns from the Department.

The PREA Coordinator provided summary for all 19 allegations received during the past 12 months. The report included the report number, date of report, name of the victim, name of the suspect, and disposition or status of the case. There were no inmate-on-inmate sexual harassment allegations, 5 inmate-on-inmate sexual abuse allegation, 7 staff-on-inmate sexual

harassment allegations and 8 staff-on-inmate sexual abuse allegations (two cases alleged both SH and SA). The audit team selected 10 cases to review at random.

The cases that this audit team reviewed were complete. They contained the victim's statements, the suspect's statements, a list of witnesses and their statements. The investigator describes why he gives some testimony more relevance than others, for example the statement is or is not supported by facts, or the testimony is hearsay. Each step of the investigation is documented in the summary report. If any physical or circumstantial evidence is available it is collected and described. If the victim did not identify any witnesses, attempts were made to find potential witnesses by random interviews of staff and inmates that may have been in the area. The investigator included in their report if it appeared that staff's actions or inactions contributed to the incident. All of the conclusions were supported by elements of the case.

If it appeared that an allegation more likely happened than not, the case was substantiated. If there was proof that the case could not have happened or the alleged victim admitted making the information up, then the case was unfounded. Three cases were determined to be unfounded. There was one substantiated case for a sexual assault. The Attorney General declined to prosecute the case. The suspect (inmate) did receive disciplinary sanctions for the offence.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

During the interviews with the investigators, they knew what level of evidence was required to substantiate a case. The Warden was also aware of these criteria. Both expressed that preponderance of evidence means that the incident was more likely to have happened than not to have happened.

A review of the investigation file supported their statements. In the ten investigations reviewed by this audit team, the facts supported the conclusions. One of the cases reviewed was found to be substantiated. In this case the evidence leaned toward it more likely occurred than not. Of the three cases that were found to be unsubstantiated, evidence showed that the incident most likely did not happen or it did not meet the prima facie of PREA.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the 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*)

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Administrative Regulation 421, Custodial Sexual Misconduct Inmates Sexual Offences and Prison Rape Elimination Act, requires that, at the conclusion of an investigation, the inmate be informed on whether the allegation has been substantiated, unsubstantiated or unfounded. Additionally, if the allegation is against a staff member, the department will inform the offender when the staff member no longer works in the unit, when the staff member no longer works at

the facility, if the staff member is indicted on charges related to sexual abuse within the facility or if the staff member is convicted of on a charge related to sexual abuse within the facility. If the allegation is against another offender, the departmental policy requires the victim be notified if the perpetrator has been indicted or convicted on a charge related to sexual abuse.

Operational Procedure 421, Prison Rape Elimination Act, section 421.13, states that the PCM shall ensure that an inmate who makes an allegation that he/she suffered sexual abuse or sexual harassment in a facility, will be notified verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded from the investigation. This will be documented in NOTIS. At the conclusion of substantiated or unsubstantiated investigation of sexual abuse, the alleged victim will be told if the alleged suspect (if a staff member) is still posted in the unit, employed at the facility, has been indicted on charges or convicted of the charges. If the alleged suspect is an inmate, the alleged victim will be told if the suspect has been indicted or convicted of the charges.

The PMC at SDCC tracks all investigations and is advised when they are concluded by the Inspector General's Office. When the PCM receives the information about the conclusion of the investigation, she makes face-to-face contact with the alleged victim. She informs the alleged victim of what the investigation results were. If the case is substantiated or unsubstantiated, and the suspect is a staff member, she advises the alleged victim if that staff member has been removed from their post, transferred from the facility, been indicted on the allegation or convicted of the allegation. If the case is substantiated or unsubstantiated, and the suspect is an inmate, she advises the alleged victim if the suspect has been indicted on the allegation or convicted of the allegation. This interaction is documented in NOTIS. Recently NDOC has adopted a policy requiring that the alleged victim be provided a memorandum with this information. The victim and notifying staff member both sign the notification. This memorandum provides the inmate with documentation that he can include in his grievance if he chooses to pursue the case further.

The PMC's tracking logs and supporting NOTIS entries, demonstrated compliance with this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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



## Instructions for Overall Compliance Determination Narrative

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The State of Nevada defines sexual abuse of a prisoner as a class D Felony. Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.14, states that NDOC staff shall be subject to disciplinary sanctions up to and including termination for violating Departmental sexual abuse or sexual harassment policies. All terminations for violations of Departmental sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, shall be reported to law enforcement agencies and to any relevant licensing bodies, by the Inspector General's office.

Administrative Regulation 339, Code of Conduct, defined sexual abuse as a Class 5 disciplinary offence for employees. The AR requires that all Class 5 disciplinary actions result in termination, even for the first offence.

During the interview with the Warden, he stated that it is the expectation that staff be terminated if they sexually assault an inmate, even if the inmate appears to give consent. There were seven sexual abuse allegations against NDOC employees at SDCC during this audit period. One unsubstantiated, one was unfounded and the other six are still under investigation.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

## Auditor Overall Compliance Determination

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

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

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

SDCC had an allegation filed against a contractor in the substance abuse treatment program. This case was reviewed by the audit team. The investigation was complete and determined to be unfounded for PREA (the allegation did not occur while the inmate was in custody). The contractor is not allowed on grounds because it was determined that she was overfamiliar with the inmate victim when he was paroled.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

- 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

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

## Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.16, addresses the discipline process for inmates that are charged with sexual abuse/harassment of another inmate. The policy states that inmates shall be subject to disciplinary sanctions pursuant to Administrative Regulation 707, Inmate Disciplinary Process, following a finding that the inmate engaged in inmate-on-inmate sexual abuse, sexual harassment or consensual sexual activity. Inmates shall be subject to administrative disciplinary sanctions. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

According to Operational Procedure 421, Prison Rape Elimination Act-PREA, section 421.17, Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse (MJ19) or following a criminal finding of guilt for inmate-on-inmate sexual abuse or sexual harassment. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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

SDCC had one substantiated allegations of inmate-on-inmate sexual abuse/harassment during this audit period. The disciplinary report was reviewed by the audit team. The suspect received a disciplinary sanction consistent with the department regulations. The Attorney General's Office did not seek prosecution in this case.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

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Medical INP 200, Health Care Services, section II, address how NDOC will provide medical and mental health treatment to an inmate who discloses prior victimization or predatory sexual abuse.

SDCC Operational Procedure 573, PREA Screening and Classification, section 421.01(3), provides direction to staff for mental health referral when an inmate discloses prior victimization. The policy states "An inmate will be offered mental health counseling at reception and again at the 30-day PREA risk assessment follow-up of they have reported the following:

Prior sexual victimization occurring in and/or out of confinement

Prior sexual abuse occurring in and/or out of confinement

If the inmate declines mental health counseling, the caseworker will document in NOTIS under PREA/PREA General case note that the inmate has declined mental health counseling. If the inmate accepts mental health counseling, the following will occur:

The caseworker will document in NOTIS under PREA/PREA General case note that the inmate has accepted mental health counseling.

The caseworker will generate an e-mail to SDCC Mental health as well as the PCM that the inmate has accepted mental health counseling due to reporting prior sexual victimization or sexual abuse.

Mental health staff will then have 14-days to follow-up with the inmate and will notify the caseworker and PCM that the follow-up was conducted in accordance with PREA standard 115.81."

Any information obtained from the inmate related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and

management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State or local law.

Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

SDCC provided a tracking list of inmates that arrived at the facility and either disclosed prior victimization, perpetrated a sex offense or were alleged victims of a PREA while incarcerated. The list contained 152 inmate names for 2019. Eighteen of the inmates accepted the offer to be seen by mental health. All of these eighteen were seen within 14 days, most were seen within two days.

On the day the audit team was touring the intake area for SDCC, a van of inmates arrived from a different NDOC prison. The audit team observed the intake process. According to the caseworker, if an inmate answers affirmative to the victim or predator question on the PREA screening form, the caseworker ask the inmate if they wish to talk to a Mental Health Clinician. If the inmate accepts the offer, an e-mail is sent to the head of the Mental Health Department and the PCM noting that this inmate wishes to see MH relative to 115.81. If the inmate declines, an e-mail is sent to the PCM stating that the inmate was offered, and declined, a meeting with MH relative to 115.81. This interaction with the inmate is also documented in NOTIS.

According to the mental health clinicians, they do offer mental health treatment to inmates who have been a victim of sexual abuse or perpetrated a sexual abuse if the inmate wants it. These treatments are not mandatory and the inmates are not charged for them. When they receive an e-mail from the caseworker in Intake stating that in inmate wishes to see MH relative to 115.81, an appointment is set up. Usually the clinician sees the inmate the next day. Once the inmate has their meeting with MH, the clinician documents that the inmate was seen relative to 115.81 in NOTIS.

A review of the tracking log maintained by the PCM demonstrates compliance with 115.81. Each of the inmates that answered "yes" to prior sexual victimization or sexual predatory behavior was offered MH. If the inmate declined it is documented. If the inmate accepted, he was seen usually the next day, however always within one week. Of the six inmates that were interviewed, claiming prior victimization, all six said they were offered MH upon arrival to SDCC. The one inmate who accepted the offer, said he was seen the next day. He stated he was not charged for this session.

SDCC was rated as exceeds standard for 115.81. The communication between the intake staff and the Mental Health staff help this program succeed. Every interview and all of the supporting documentation indicate that SDCC is 100% compliant with this standard.

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

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

#### 115.82 (a)

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

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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SDCC has medical staff on duty 24 hours a day seven days a week. Medical INP 200, Health Care Services, states that all inmate victims of sexual abuse will receive timely unimpeded access to emergency medical/mental health treatment which will be determined by the health practitioner's professional judgment.

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

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

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

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

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

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

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

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

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

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

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

Inmates at SDCC that need emergency medical care that cannot be provided at the facility are transferred to a local hospital. NDOC does not have a contract with any particular hospital in the area. Inmates can be sent to any hospital in the Hometown Health PPO Network that NDOC is a member of. All of the hospitals in this network have emergency rooms.

During the interview with the medical staff, they stated that in the event of PREA, they would do an initial assessment of the inmate and stabilize him to make sure that he is safe for transport to the SANE/SANE Nurse at University Medical Center in Las Vegas (if appropriate). Once the inmate is returned to SDCC, the medical staff would offer education on, and provide sexually transmitted infection prophylaxis if this was not completed by the SAFE/SANE Nurse. Additionally the medical staff would review any notes that were completed by SAFE/SANE for medical follow-up.

The mental health clinician at SDCC informed the auditors that they evaluate the inmate's mental health upon return from the hospital. They would make sure that the inmate is mentally stable. If the inmate appeared to be in danger of hurting them self, they may place the inmate under direct and constant observation. If the inmate appeared stable, they would release the inmate to custody for appropriate housing. Based on their assessment they would schedule a follow-up meeting and set up a treatment plan and assist the inmate through the recovery process.

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

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

#### **115.83 (a)**

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

#### **115.83 (b)**

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

#### **115.83 (c)**

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

#### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *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*)

### Instructions for Overall Compliance Determination Narrative

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NDOC policy requires that inmates who have been victims of sexual abuse receive medical and mental health treatment as prescribed by a physician. Medical INP 200, PREA, requires that the follow-up treatment provided will be consistent with the community standard level of care. Sexual abuse victims will be offered tests for sexually transmitted infections as deemed medically appropriate. Mental health will attempt to conduct mental health evaluations of all known inmate-on-inmate abusers within 60 days of learning of the known abuse.

According to the medical staff interviewed, all inmates who report sexual assault while at SDCC are seen by medical staff for evaluation and treatment. The inmates are offered test for sexually transmitted infections when appropriate. The investigations were reviewed and there was documentation that the inmates were offered medical attention after they reported sexual abuse.

The medical file transfers with the inmate. If the inmate was in a treatment plan at a different prison, that treatment plan would be continued at SDCC.

When an inmate makes an allegation of sexual abuse, the Incident Commander is supposed to refer the alleged victim to the mental health department via e-mail. The mental health department maintains a binder with a referral log. This log is then used to track the inmates that require a mental health meeting. A review of the tracking log showed that inmates are not offered a MH evaluated after reporting sexual abuse in every instance. Of the eight reviewed cases, that required the offer of MH services, only six had the documentation to show that an offer of MH was made.

The mental health staff that were interviewed stated, that if an inmate were placed on a mental health treatment plan, including follow-up visits, at a different institution, they would continue that plan.

All services provided for the above related treatments, shall be free of charge regardless of whether or not the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy requires that the facility attempt to conduct a mental health evaluation on all inmate-on-inmate abusers within 60 days of learning of such abuse history. The suspect in the one case of substantiated Inmate-on-Inmate sexual abuse is currently being seen by Mental Health.

During the corrective action period, the PCM provide a monthly list of PREA allegations. The auditor then requested documentation of the offer for a mental health assessment on all three inmates that made an allegation of sexual assault. In each case that required an offer, proof was provided that one was completed. Two of the inmates accepted the offer, proof was requested that the referral was received by the MH department and the inmates were seen by MH. In all three cases the offer was provided to the inmate the day of the allegation. Both inmates that accepted the offer were seen by MH with-in 24 hours.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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Operational Procedure 421, Prison Rape Elimination Act, section 19, states that the facility shall conduct a sexual abuse incident review within 30 days of the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden and PCM will be notified by the State PREA Coordinator when the sexual abuse investigation has been completed with the findings of substantiated or unsubstantiated. The Warden will create an Incident Review File which will contain the investigation and supportive documentation. The Warden will assign the Incident Review Committee and provide them a written memorandum regarding the assigned review members/due date/confidentiality/instructions. The memorandum will be provided with the Incident File. The review team shall consist of, but not limited to, the Associate Warden, Psychologist III, Director of Nursing/Charge Nurse and a Lieutenant. The review team shall consider the following:

Does the allegation or investigation require a change of policy or practice to better prevent, detect, or respond to sexual abuse;

Consider whether the allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable the abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The review team shall prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement. This report shall be generated

within the NOTIS System – Incident Detail Screen – specifically attached to the assigned IR# of the Incident. The review committee shall complete one report as a group, print, and all members sign the report. The original report shall be placed into the Incident File. The Incident File shall be forward to the Warden. The Warden and the PCM shall review the committee’s report and complete a findings review report. The Warden and PCM shall make every effort to follow recommendations for improvement, or shall document its reason for non-compliance. A copy of the Incident File will also be forwarded to the NDOC PREA Coordinator.

Two examples of the Sexual Assault Incident Review (SAIR) Meeting minutes were provided with the pre-audit materials. The information provided complied with the requirements of the standard. During the investigation file reviews it was observed that the SAIRs are maintained in the investigation files. Of the ten cases reviewed, seven required a SAIR. All seven cases had the SAIRs in the file. All of the SAIRs reviewed were conducted within 30 days of the conclusion of the investigation. The SAIRs were attended by the Warden, Associate Warden, PCM, medical or MH staff and a custody supervisor. The minutes addressed all five questions required by 115.86 d (1)-d (5).

The PCM explained the process of how the committee works. She is notified that the investigation is concluded by the Warden. She sets up the committee date and invites the attendees. They discuss the incident and review the investigation. There review the location of the incident if needed. Once the committee come to a consensus they may make a recommendation for modification to physical plant, operational procedures, or staffing levels. Based on the recommendation either SDCC will implement the change, or request fiscal assistance from NDOC to implement the change. None of the investigations revealed a need to change policy, physical structure or staffing levels.

## **Standard 115.87: Data collection**

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

#### **115.87 (a)**

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

#### **115.87 (b)**

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

#### **115.87 (c)**

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

### 115.87 (d)

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

### 115.87 (e)

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

### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The NDOC PREA handbook requires that the Inspector General (IG), PREA Management Team (PMT), is responsible to collect accurate, uniform data for every allegation of sexual abuse at every institution and facility using a standardized instrument and set of definitions. The incident-based sexual abuse data shall be aggregated, at a minimum, annually. The data shall include all of the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV-2) conducted by the Department of Justice. The IG PMT shall maintain, review, and collect data as needed from all incident based documents including reports, investigation files and sexual abuse reviews. The PREA Compliance Manager maintains a record of all reports of sexual abuse at the facility.

The State of Nevada PREA Coordinator was present during this audit and she explained her agencies role in collecting, reviewing and maintaining the data. A review of the documents provided demonstrated compliance with this standard. The Inspector General's PREA Unit receives all of the PREA incident reports within the NDOC via the Nevada Offender Tracking Information System (NOTIS). This allows for the NDOC to insure that all reports are consistent.



The information provided to the PC is sufficient to complete the Department of Justice' Survey of Sexual Violence form. Each Prison within the NDOC uses the same set of definitions when documenting sexual assault and sexual harassment within the corrections system.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

The 2015, 2016 and 2017 reports was reviewed by this auditor. The report contained the PREA data on each of the NDOC facilities, identifying problem areas, any corrective action taken and the effectiveness of the sexual abuse prevention program. The report did not contain any confidential information such as victim's information. The 2015, 2016 and 2017 reports are posted on the NDOC, Inspector General's website.

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

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

### 115.89 (a)

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

### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

According to the PREA Coordinator, they maintain the documents in their headquarters for over ten years. A review of the data available to the public, there were no personal identifier included in the information.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

- During the 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*)

## Instructions for Overall Compliance Determination Narrative

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

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

During this audit, the auditor had access to, and toured, the entire facility. This auditor had access to every inmate, staff member, volunteer and contractor that this auditor requested to interview. The interviews were all conducted in the privacy of a staff office either in person or telephonically. Each document that was requested was received, including sensitive documents, such as investigation reports, personnel information and inmate files. Inmates were allowed to send confidential correspondence to this auditor, if they wished. Four letters were received from inmates prior to the audit. One inmates was interviewed by this auditor; one was transferred to a different facility prior to the audit, one paroled prior to the audit and one was never housed at SDCC. The inmate's concerns were addressed with the facility administration, without disclosing the identity of the complainant.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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

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

The NDOC website contains a copy of the previous audit conducted at SDCC. It can be found by going to the NDOC home page and selecting the PREA Management Division under quick links. Once that page loads, select PREA Audits under the Resource tab. All of the PREA audits conducted are listed by facility name. The last audit of Southern Desert Correctional Center was completed on September 22, 2017, and was posted on the website on the same day.

## 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.

John Katavich

September 8, 2020

**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.