

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

Interim Final

Date of Report April 7, 2020

Auditor Information

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| Name: John Katavich | Email: john.katavich@cdcr.ca.gov |
| 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: Click or tap here to enter text. |

Agency Information

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| Name of Agency: Nevada Department of Corrections | | Governing Authority or Parent Agency (If Applicable): State of Nevada | |
| Physical Address: 5500 Snyder Ave, Stewart Complex Bldg #17 | | City, State, Zip: Carson City, NV 89701 | |
| Mailing Address: Same as Above | | City, State, Zip: Click or tap here to enter text. | |
| 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/PREA_Management_Division/ | | | |

Agency Chief Executive Officer

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| Name: Charles Daniels, Director | |
| Email: cdanniels@doc.nv.gov | Telephone: 702-486-9910 |

Agency-Wide PREA Coordinator

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| Name: Debra Striplin | |
| Email: dstriplin@doc.nv.gov | Telephone: 775-887-3142 |
| PREA Coordinator Reports to: Director | Number of Compliance Managers who report to the PREA Coordinator 9 |

Facility Information

Name of Facility: Northern Nevada Correctional Center

Physical Address: 1721 E. Snyder Ave,

City, State, Zip: Carson City, NV 89701

Mailing Address (if different from above):
Same as Above

City, State, Zip: Click or tap here to enter text.

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/PREA_Management_Division/

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: Departmental fiscal audits, and departmental safety and security audits.

Warden/Jail Administrator/Sheriff/Director

Name: Isidro Baca, Warden

Email: ibaca@doc.nv.gov

Telephone: 775-887-9213

Facility PREA Compliance Manager

Name: Holly Skulstard, Caseworker II

Email: hskulstard@doc.nv.gov

Telephone: 775-887-9316

Facility Health Service Administrator N/A

Name: John Keast, Director of Nursing Services II

Email: jkeast@doc.nv.gov

Telephone: 775-887-3248

Facility Characteristics

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| Designated Facility Capacity: | 1528 | |
| Current Population of Facility: | 1356 | |
| Average daily population for the past 12 months: | 1373 | |
| Has the facility been over capacity at any point in the past 12 months? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Which population(s) does the facility hold? | <input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males | |
| Age range of population: | 18-88 | |
| Average length of stay or time under supervision: | 15 months | |
| Facility security levels/inmate custody levels: | Med, Clo, Max | |
| Number of inmates admitted to facility during the past 12 months: | 2844 | |
| 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> : | 1323 | |
| 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> : | 1207 | |
| 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 type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A | |
| Number of staff currently employed by the facility who may have contact with inmates: | 362 | |

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| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | 94 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | 540 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 540 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 94 |
| Physical Plant | |
| <p>Number of buildings:</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> | 19 |
| <p>Number of inmate housing units:</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> | 9 |
| Number of single cell housing units: | 0 |
| Number of multiple occupancy cell housing units: | 3 |
| Number of open bay/dorm housing units: | 6 |
| Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.): | 84 |
| 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 |

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| 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

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| 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 type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) |

Investigations

Criminal Investigations

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| 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 |
| 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: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A |

Administrative Investigations

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| 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? | 2 |
| 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: Click or tap here to enter text.) <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.

Northern Nevada Correctional Center (NNCC) is located at 1721 E. Snyder Ave, Carson City, Nevada. NNCC 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 September 9-12, 2019. Following coordination, preparatory work and collaboration with management staff at NNCC, 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 July 11, 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 to be 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- NNCC on July 24, 2019.

Pre-audit section of audit: On July 24, 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 five letters from inmates at the facility prior to arrival at the institution and one request to be interviewed from an inmate while the audit team was at the facility.

Prior to the on-site visit, telephonic contact was made with Just Detention International (JDI) to ascertain if there had been any concerns reported to their organization. This auditor was informed by JDI that they have not received any reports regarding NNCC. The Sexual Assault Support Services of Reno Nevada was also contacted to find out if there had been any allegations or complaints reported to them relative to NNCC. The Sexual Assault Support Services director stated that they had a positive working relationship with NNCC. They have

responded to NNCC three times in the past year. These visits were a result of an inmate requesting emotional support and not as a result of a rape that occurred at NNCC.

ON-SITE PHASE

On September 9, 2019, the audit team comprised of Mr. R. Benton, certified auditor, Ms. N. Hardy, certified auditor, and I arrived at NNCC. The audit team met with the Warden, the PCM, the team leader for the Nevada PREA Coordinator and several support staff for greetings, introductions and information sharing. The meeting took place in a conference room. After the meeting, the audit team was taken to the PCM's office which served as a home base for audit preparation and organization.

Upon arrival at NNCC, the audit team requested and received a roster of all of the staff employed at NNCC 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. Most of the NNCC custody staff work 8 hour shifts (night, 9:00 PM-5:00 AM, day 5:00 AM-1:00 PM, and swing 1:00 PM to 9:00 PM). 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 that 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. NNCC is comprised of nine housing units, ten support buildings including industries, maintenance, culinary, education and administration. All of the buildings that inmates have access to are inside the secure perimeter. The audit team was escorted on the tour by the Warden, the PCM, the Chief of Plant and other executive staff.

During the tour, staffing levels were observed to insure that there was adequate security coverage and the offenders could not move around the facility unsupervised.

During the tour, we asked impromptu questions of staff and offenders. 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. The headquarters staff were interviewed in their respective offices at the headquarters building.

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

When interviewing specialized staff, if 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.

During interviews with Administrative 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 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 administrative investigators. The audit team also questioned designated staff about the process for logging and tracking cases assigned, and offender grievances, received by the division. Five of the 33 PREA allegations at NNCC were reported via grievance.

The Training Manager is a Central Office position. Attempts were made to determine how training is tracked to ensure that all staff attends the required training. He stated that that is delegated to the local facility. The PCM explained how he tracks and logs 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 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 Education, facility orientation, PREA Risk Assessment and initial housing.

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 14 random staff interviews were conducted.

Random Offender Interviews: The auditor determined that at least one offender from each housing unit would be interviewed. All three 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, including one female offender.

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

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. 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 24 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 three of the auditors. The auditors reviewed documents related to allegations of sexual abuse (including investigation files). A total of fifteen 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. 20 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 list contained every volunteer and contractor approved to enter each NDOC facility, not just the volunteers and contractors that come into NNCC. During the interview process, two contractors and two volunteers were interviewed. Documents on background checks and PREA training were requested on these four individual.

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 33 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 a total of 8 inmate-on-inmate sexual harassment allegations, 12 inmate-on-inmate sexual abuse allegation, 6 staff-on-inmate sexual harassment allegations and 7 staff-on-inmate sexual abuse allegations. The audit team selected fifteen 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, ten cases were unsubstantiated, one substantiated, one deemed non-PREA and eighteen 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 and other administrative staff on September 12, 2019. 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.

On-site audit notes: 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.

Interim Audit Report: Following completion of the audit notes, this auditor started completing the interim report. The interim report identifies which policies and other documentation were reviewed, which staff and/or offender interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility's policies and procedures exceed, meet, or does not meet the standard.

On October 18, 2019, the interim report was submitted to the Warden, PCM and the State of Nevada PREA Coordinator. On October 29, 2019, a Corrective Action Plan meeting was held at the Nevada Department of Corrections Headquarters. This meeting was attended by the Warden of NNCC, the PCM of NNCC, the NDOC PC, additional administrative staff from NNCC

and this auditor. During the meeting the audit report was reviewed and noted none-compliance issues were addressed. As each action item was discussed the facility staff and this auditor came in agreement on what the facility would have to do to come in compliance with the standards. Both parties agreed on what proof of practice would need to be provided for each deficiency to demonstrate compliance with estimated completion dates.

This auditor routinely made contact with the facility to monitor progress. In November 2019, the State of Nevada Inspector General/PREA Coordinator retired and Ms. Striplin was hired as the new NDOC PC and a new Inspector General was hired. In December 2019, the State of Nevada hired a new Director of Corrections. In January 2020, Ms. H. Skulstad was appointed the new PCM at NNCC.

Prior to the Warden appointing a new PCM, little progress was made toward compliance. Once I was informed that a new PCM was appointed I immediately made telephonic contact with Ms. Skulstad to discuss what items were still non-compliant. We reviewed each corrective action plan item and discussed what still remained to be corrected. Over the next three months I received copies of documents, picture of physical plant modifications, tracking lists and revised policies. Each of these items was reviewed by this auditor to ensure it corrected the noted deficiency. If further information was required, this auditor would request it. If the documents were adequate, the action item was closed and the facility was advised. On April 2, 2020, I received the final documentation that I needed to review to make a determination of compliance.

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.

Northern Nevada Correctional Center (NNCC) is located at 1721 E. Snyder Ave, Carson City, Nevada. The facility is located approximately two miles south of Carson City. NNCC opened in 1964 with three housing units. From that date until 2008, seven additional housing units were added. NNCC is a medium custody facility. NNCC also is the Intake Center for the Northern region. The Regional Medical Facility for the Nevada is located here. This includes an in-patient medical and mental health unit. In addition, there is the MIC (Medical Intermediate Care) and SCU (Structured Care Unit) units for those inmates whose medical and mental health situations are stable but which require additional staff monitoring.

The physical design of NNCC consists of nine housing units, three program buildings (including an education building, a gymnasium and the culinary building), two support buildings (laundry and maintenance) an operations building and four Prison Industries buildings. All of the buildings that inmates have access to are inside the secure perimeter.

The nine housing units are not all the same design. Housing units 1-5 are a wagon wheel design. They have a central hub with staff offices and dayrooms and three tiers radiating out from the center. Two of these housing units have cells on either side of the tier. These two housing units are able to house 190 and 195 inmates respectively. At the time of the tour, one of these units

was being vacated to update the door and lock system. The other had 165 occupants. Three of these housing units have dorms on either side of the tiers. These housing units house 170 inmates. There were 158, 168 and 145 inmates housed in these units at the time of the audit. Housing Unit 6 is a smaller housing unit used to house inmates with mental health and developmental concerns. This housing unit has two tiers attached to a central area that contains staff offices. It has a capacity of 60 inmates and a current population 19. Housing Unit 7 is a bowtie design. One side of the housing unit has 84 administrative segregation cells with 88 inmates and the other side of the unit has 84 intake cells used for processing inmates as they arrive from county jail with 107 inmates. Housing Unit 8 is an infirmary where they house the female inmates being processed from county jail, the inmates under current medical care and mental health inmates. There were 12 female inmates housed in this area at the time of the audit. The females are kept on a separate tier from male offenders and are not in sight or sound of them. There were 40 male inmates housed in other areas of the infirmary. The total capacity of the infirmary is 130 inmates. Housing Unit 10 is an open dorm with a wall down the middle creating two large dorms that house 140 inmates on each side. There were 265 inmates living in these dorms at the time of the audit.

The inmate population is composed of level I and II medium custody inmates. A large portion of the population is either physically or mentally handicapped or elderly and mobility impaired. The inmates that live in the large dorms are level I inmates and most work in Prison Industries. The Silver State Industries includes a wood shop, metal shop, paint shop, book binding, silk screening, print shop and upholstery. They manufacture a variety of products for governmental agencies and private entities.

NNCC has an administrative staff of one Warden and two Associate Wardens. There are 6 Lieutenants, 10 Sergeants, 20 Senior Correctional Officers and 210 Correctional Officers assigned to the facility. NNCC has 84 medical, mental health, and dental staff and 54 food services, maintenance, clerical and classification staff.

NNCC offers vocational and education programs for the inmate population. Current vocational programs are auto mechanics/auto shop, information technologies and dry cleaning. Educational services are conducted by Carson School District staff and include high school diploma, GED, Literacy programs and English as a Second Language. College courses are available and are provided through Western Nevada Community College. OASIS is a 9 to 12 month drug and alcohol rehabilitation program which contains 170 inmate participants. SSLP (Senior Structured Living Program) is available to those inmates 60 and over and has 120 inmates participating. The New Beginnings program is offered to prepare inmates for reintegration into society. A wide range of self-help and treatment programs are available and are administered by medical, mental health and program staff.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0

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

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

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

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 Northern Nevada Correctional Center.

Some of the positives observed by the audit team included:

- o PREA posters were in place in all housing units, and common areas.
- o Supervisory and management staff ensured the audit team had access to staff and inmates for interviewing. Any documentation requested was received promptly.
- o The facility was clean, and inmate movement was well controlled.
- o Communication between the staff and inmates appeared open and professional.

As a result of this audit, there are thirteen standards that NNCC did not meet compliance prior to the submission of the Interim Audit Report on October 18, 2019. The following items were issues that were identified at NNCC and the steps that the facility took to come in compliance with the standards during the corrective action period:

115.13 Supervision and Monitoring

The restroom that the inmates use in the maintenance area had a solid door. This created a location for inmates to victimize other inmates without being observed by staff. On

November 25, 2019, a photograph of the doorway was provided showing the door was replaced with a curtain. This allows staff to see into the restroom without risk of cross gender viewing.

The restroom that the inmates used in the steam plant is a solid door. This created a location for inmates to victimize other inmates without being observed by staff. On February 13, 2020, NNCC designated the Steam Plant Restroom as staff only and is keeping it locked so that inmates cannot enter.

The steam plant appeared to be an area where inmates go and were unsupervised. There needed to be inmate movement control established in this area. On February 2, 2020, NNCC implemented a procedure requiring staff to do periodic checks of the steam plant area. The staff are required to document the time and date of these checks in the log book. Copies of the log books for February and March were forwarded to this auditor. The Operational Procedure 403, Institution Security Inspections, was updated to contain this process. Based on the information provided, it appears that this issue is resolved.

The Canteen restroom was shared by both inmates and staff. This door locks from the inside. This created a location for inmates to victimize other inmates without being observed by staff. On February 20, 2020, NNCC designated the Canteen Restroom as staff only and is keeping it locked so that inmates cannot enter.

Prison Industries had two blind spots by the table saws. On November 25, 2019, a photograph of mirrors that were installed to eliminate the blind spots behind the table saws was provided to this auditor. Based on the location of the mirrors, this issue appears to be resolved.

The restroom that the inmates use in the finish shop was a solid door. This created a location for inmates to victimize other inmates without being observed by staff. On December 30, 2019, a window was cut into the restroom door. The size of the window allows for staff to check on the safety of inmates without cross gender viewing concerns. A photo of the modifications was provided to the auditor.

There is a loft above the welding shop tool room that is a blind spot. On November 19, 2019, NNCC removed the stationary ladder accessing the loft. Now access will only be by mobile ladders, which are tightly controlled and monitored. A photograph of the modification was provided to the auditor.

Prison Industries staffing is minimal. There were no policies or proof of practice that staff randomly and routinely roam throughout the shops to insure inmate safety. On February 2, 2020, NNCC implemented a procedure requiring staff to do periodic checks of the Prison Industries area. The staff are required to document the time and date of these checks in the log book. Copies of the log books for February and March were forwarded to this auditor. The Operational Procedure 403, Institution Security Inspections, was updated to contain this process. Based on the information provided, NNCC appears to have implemented adequate policies and tracking to comply with the PREA standard.

The main kitchen had two blind spots, one by the garbage dock and one in the dry storage. On November 19, 2019, NNCC installed mirrors in the Dry Storage area, eliminating blind spots. On February 3, 2020, NNCC installed mirrors by the loading dock, eliminating these blind spots. Photographs of both areas were forwarded to the auditor.

The restroom that the inmates use in the education building had a solid door. This created a location for inmates to victimize other inmates without being observed by staff. On December 31, 2019, a photograph of the doorway was provided showing the door was replaced with a curtain. This allows staff to see into the restroom without risk of cross gender viewing.

The restroom that the inmates use in Housing Unit 5 Rotunda had a solid door. This created a location for inmates to victimize other inmates without being observed by staff. On February 13, 2020, a photograph of the doorway was provided showing the door was replaced with a curtain. This allows staff to see into the restroom without risk of cross gender viewing.

The restroom that the inmates used in the Dental Clinic is a solid door that locks from the inside. This created a location for inmates to victimize other inmates without being observed by staff. On February 13, 2020, NNCC designated the Dental Clinic Restroom as staff only and is keeping it locked so that inmates cannot enter.

Supervisor rounds were not being documented on the Night Watch. NNCC provide the Unannounced PREA Supervisor's Rounds log that is maintained in NOTIS for the months on November 2019, December 2019, January 2020, February 2020 and March 2020. A review of the logs indicated that the supervisors made the rounds on all three shifts, during various times of the shift throughout the month.

Based on the documentation received, NNCC has demonstrated complete compliance with standard 115.13.

115.15 Limits to Cross-Gender Viewing and Searches

Proof of training for cross-gender pat-down searches was 80%. Two of the four transgender inmates interviewed stated that they were pat-down search inappropriately by staff. As a result of this finding, NNCC provided refresher training on Universal Pat-Down Searching Techniques to all of their custody staff. On February 13, 2020, NNCC provided a list of all custody staff with dates that they attended Universal Pat-Down Search Refresher Training. This auditor requested ten random training certificates from the PCM. All ten certificated were provide the same day.

The Housing Unit 6 shower door allowed for cross-gender viewing. On January 10, 2020, a photograph of the shower with translucent plastic covering three quarters of the shower door was provided to the auditor. This allows staff to see into the shower without risk of cross gender viewing.

The Mental Health enclosed yard has a urinal that was exposed to the officer's station. The windows that view onto the yard have been partially frosted to eliminate cross gender viewing concerns, however still allow staff to monitor inmate movement on the yard. Photographic evidence was provided to the auditor on January 10, 2020.

The Administrative Segregation strip search area allowed for cross-gender viewing. On January 10, 2020, the Warden gave written direction that this area would no longer be used for strip searches. Strip searches are to be conducted in cells.

The strip room in visiting had a mirror in the back that allows for cross-gender viewing by staff walking through the back of visiting. This mirror was removed prior to the interim report being completed.

The strip search/holding cells in the administration building have cameras directed at them allowing for cross-gender viewing. On January 10, 2020, the Warden gave written direction that these holding cells would not be used for strip searches.

Based on the documentation received, NNCC has demonstrated complete compliance with standard 115.15.

115.16 Inmates with Disabilities and Inmates Who are Limited English Proficient

NNCC did not have a policy for ensuring that developmentally disabled or non-English speaking inmates comprehend the PREA policy. On January 29, 2020, a copy of a new desk procedure for Casework staff was provided to this auditor. The new desk procedure required the intake staff to establish effective communication with the inmate during the assessment and education process. The document included strategies and example to help staff determine if the inmate understands PREA policy. In addition to the desk procedure, training documents, signed by the Caseworkers, were provided. Based on the documentation received, NNCC has demonstrated complete compliance with standard 115.16.

115.17 Hiring and Promotional Decisions

Human Resources did not consistently attempt to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during an investigation of an allegation of sexual abuse (2 of 3 completed). During November 2019, December 2019, January 2020 and February 2020, several copies of contact letters were provided by the NDOC Human Resources department. These documents were compliant with standard 115.17.

115.31 Employee Training

Only 85% of the staff completed the PREA training in 2018. The amount of staff that have attended the training in 2019 is about the same. Only 80% of the custody staff have attended the cross-gender pat-down search training. During January and February 2020,

NNCC provided remedial training to all staff that failed to attend PREA training in 2019. A list of all staff that received this training was provided to the auditor. The auditor submitted ten random employee names from the list, requesting their signed acknowledgment. All ten requested forms were received that day.

As a result of this audit, NDOC has changed how employee training is tracked. The training department can now run a report on a training topic and determine who has and who has not received the required training.

Based on the documentation received, NNCC has demonstrated complete compliance with standard 115.31.

115.33 Inmate Education

The Inmate Education was not comprehensive. There was no interactive education provided, allowing inmates to ask questions. 4 of 21 inmate files reviewed did not have proof of education. On January 29, 2020, a copy of a new desk procedure for Casework staff was provided to this auditor. The new desk procedure required the intake staff to establish effective communication with the inmate during the assessment and education process. The document included strategies and example to help staff determine if the inmate understands PREA policy. In addition to the desk procedure, training documents, signed by the Caseworkers, were provided.

At the end of each month, between December 2019 and March 2020, a list of all inmates received at NNCC was provided to this auditor. Each month ten random names were selected by the auditor and the Inmate Education form was requested. Each form requested was provided. If the inmate's primary language was Spanish, proof of Inmate Education in Spanish was provided.

115.41 Screening of Risk of Sexual Victimization and Abusiveness

During the on-site file review, 75% on the inmate file reviews did not provide documents demonstrating the follow-up risk screening assessment. At the end of each month, between December 2019 and March 2020, a list of all inmates received at NNCC was provided to this auditor. Ten random names were selected by the auditor each month and the Initial PREA Assessment Forms and the 30-day Follow-Up Assessment Forms were requested. Each form requested that was completed was provided. Initially the 30-day follow-up were not being completed consistently. From September to December the completion rate was about 60%. In January a new PCM was assigned at NNCC. Immediately the completion rate went to 100%. January, February and March all showed 100% completion.

The new PCM instituted a tracking system that was utilized at other NDOC facilities with high levels of success. This method of tracking was shared with the auditor and it appears to have eliminated any deficiencies in 115.41.

115.42 Use of Screening Information

NDOC was not following 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 Non-Gender Conforming Review Committee 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. By following the NDOC policy, and reviewing each inmate on a case-by-case basis, NNCC is compliant with 115.42.

115.53 Inmate Access to Outside Confidential Support Services

The information on how to contact the victim advocate was not readily accessible to the inmate population. Only one inmate that was interviewed knew about these services. After the on-site portion of the audit and prior to the interim report, the address and phone number for the Rape Crisis Center was posted in all living quarters and common areas. This information is also included in the Inmate PREA education information. Photos of the postings were provided to this auditor.

115.67 Agency Protection against Retaliation

NNCC did not monitor inmates or staff who report a PREA allegation or who cooperate with an investigation for retaliation prior to the submission of the interim report. On February 26, 2020, the new Retaliation Monitoring Tracking Sheet was provided by the PCM. She had to create this tracking form as retaliation was not monitored prior to her being assigned as the PCM. A review of the tracking sheet indicates that inmates are monitored for at least 90 days. She is also monitoring inmates that made allegations in 2019 that were not previously being monitored. The monitoring includes a review of NOTIS for disciplinarians, job changes or bed moves. She also interviews the inmates to see if they have any issues or perceive being retaliated against. There have not been any cases requiring monitoring retaliation against staff at NNCC as of yet. The monitoring tracking was provided again on March 16 and April 1, 2020. Because of the system that the PCM has put in place, and her method of tracking, the monitoring appears to be compliant with 115.67.

115.73 Reporting to Inmates

At the time of the on-site portion of the audit, NNCC had not been informing the alleged victim at the conclusion of the investigation. Inmates must be informed of the conclusion of the investigations. This needs to include information about the work or criminal case status of the alleged staff suspect or the criminal case status of the alleged inmate suspect. The information that the inmate is provided must be documented, including who informed the inmate how the inmate was informed and when was he informed.

On February 11, 2020, a copy of each inmate notification, for all sexual abuse investigations closed in 2019 and 2020 were provided to this auditor. NDOC has recently adopted a policy that the inmate signs the notification memo. This helps reduce the chances of staff claiming to have informed the inmate while not actually meeting with them. The PCM notes, on the investigation log, when the inmate was informed. Additional notifications were provided on February 26, 2020. There were no sexual abuse claims closed at NNCC after this date.

115.81 Medical and Mental Health Screening

At the time of the on-site portion of the audit, mental health and medical referrals were not tracked. The facility needed to document when they offer an inmate a follow-up meeting with a mental health clinician if they disclosed prior victimization or have previously perpetrated sexual abuse. If the inmate declined the offer, this also needed to be documented. If the inmate accepted the offer to see a mental health clinician, the meeting should also be documented.

On February 26, 2020, the new PCM provided a tracking list of all inmates who disclosed prior victimization or previously perpetrated sexual abuse. The tracking included the date of arrival, the date the inmate was offered MH treatment, if the inmate accepted the treatment and when the inmate was seen by MH. Nine names were selected at random and the supporting documentation was requested for these inmates. The proof of offer/referral and the MH notes were provided. All of the inmates that have arrived since January 2020, that have accepted the MH offer, have been seen within 14 days. Most of them on the same day that the offer was made. Additional tracking reports were provided March 16, and April 1, 2020. Documented proof of offering the inmate's a HM meeting were also provided.

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 meeting with mental health evaluations must be documented.

On February 26, 2020, the new PCM provided a tracking list of all inmates who have made allegations of sexual assault. The tracking included the date of allegation, the date the inmate was offered medical or MH treatment, if the inmate accepted the treatment and when the inmate was seen by medical or MH. Three names were selected at random and the supporting documentation was requested for these inmates. The proof of offer/referral and the MH notes were provided. None of the inmates requested medical treatment, as the allegation did not include physical injury or exchange of bodily fluids. All of the inmates that have made an allegation of sexual assault since January 2020, that have accepted the MH offer, have been seen that day. On April 1, 2020, I requested proof of offering a MH meeting to an offender that that was the alleged victim of a sexual abuse claim in March. I received a copy of the correspondence from the clinician that reflected that the inmate was seen the day after the allegation was reported.

115.86 Sexual Abuse Incident Review

The SAIR at NNCC was not being held within 30 days of the conclusion of the investigation to discuss the possible contributors to the incident on all substantiated and unsubstantiated sexual abuse allegations. On February 11, 2020, I received minutes from SAIRs that were conducted on all substantiated and unsubstantiated sexual abuse allegations from 2019. It is noted that these are over 30 days after the conclusion of the investigation, however, this was clearing a backlog of old cases. Since the re-establishment of the SAIR, there have been two investigations that were closed requiring a SAIR. Both of these meetings were held within the 30 day time frame. The notes included who was present and what was discussed. All five topics required by 115.86 were covered in the meeting. The conclusion of the committee's findings were documented and signed by the chair.

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." Northern Nevada Correctional Center (NNCC) 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.

At the time of the on-site portion of the audit, NDOC's PREA Coordinator was Pamela Del Porto, Inspector General. Ms. Del Porto retired in November of 2020. Ms. Debra Striplin was assigned as the PREA Coordinator for the Nevada Department of Corrections upon Ms. Del Porto's retirement. During this PREA Audit, Deborah Striplin represented the Inspector General's office and NDOC as the acting PREA Coordinator. Prior to her appointment 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.

NNCC's PREA Compliance Manager (PCM) was Nathan Hughes, Correctional Caseworker Specialist III until January 2020. Mr. Hughes has been assigned as the PREA compliance Manager at NNCC since January 8, 2017. Mr. Hughes reported directly to the Warden. According to Mr. Hughes, he did feel that he has sufficient time to coordinate the facility's efforts to comply with PREA. In January 2020, Ms. Holly Skulstad, Correctional Caseworker Specialist II, was appointed as the PCM for NNCC by the Warden. Once Ms. Skulstad was assigned, the communication with the auditor increased. She put systems in place that the facility was lacking. These systems' success contributed directly to the facility being able to comply with the PREA standards. The Warden and his administrative staff appear committed to insuring NNCC'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 Northern Nevada 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 NNCC 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.

NNCC has a total of 246 custody positions including 6 Lieutenants, 19 Sergeants, 20 Senior Officers and 210 Correctional Officers authorized by the legislature. Currently NNCC has a 13% 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 NNCC, that inmates have access to, are in the secure perimeter. NNCC has a total of nine housing units. Housing units 1-5 are a wagon wheel design. They have a central hub with staff offices and dayrooms and three tiers radiating out from the center. Two of these housing units have cells on either side of the tier. Three of these housing units have dorms on either side of the tiers. Housing Unit 6 is a smaller housing unit used to house inmates with mental health and developmental concerns. Housing Unit 7 is a bowtie design. One side of the housing unit has 84 administrative segregation beds and the other side of the unit has 84 intake beds used for processing inmates as they arrive from county jail. This housing unit has two tiers

attached to a central area that contains staff offices. Housing Unit 8 is an infirmary where they house the female inmates being processed from county jail, the inmates under current medical care and mental health inmates. Housing Unit 10 is an open dorm 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 and four industries buildings. NNCC currently has 231 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 2018 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 the housing unit log book and post an entry in NOTIS. During the tour of the facility, the auditors were informed that the staff in the housing units enter the unannounced PREA rounds in NOTIS for the supervisor. A review of the NOTIS entries indicates that supervisor's rounds are not being documented. 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. Even though the night shift staff stated that supervisors conduct unannounced rounds, there was no documentation to support this. The documentation provided did not include any entries for night shift and few for swing shift. During the Corrective Action portion of this audit, NNCC provide the Unannounced PREA Supervisor's Rounds log that is maintained in NOTIS for the months on November 2019, December 2019, January 2020, February 2020 and March 2020. A review of the logs indicated that the supervisors made the rounds on all three shifts, during various times of the shift throughout the month.

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. During the corrective action phase of the audit, the following corrections were made and proof-of-practice were provided.

The restroom that the inmates use in the maintenance area had a solid door. This created a location for inmates to victimize other inmates without being observed by staff. On November 25, 2019, a photograph of the doorway was provided showing the door was replaced with a curtain. This allows staff to see into the restroom without risk of cross gender viewing.

The restroom that the inmates used in the steam plant is a solid door. This created a location for inmates to victimize other inmates without being observed by staff. On February 13, 2020, NNCC designated the Steam Plant Restroom as staff only and is keeping it locked so that inmates cannot enter.

The steam plant appeared to be an area where inmates go and were unsupervised. There needed to be inmate movement control established in this area. On February 2, 2020, NNCC implemented a procedure requiring staff to do periodic checks of the steam plant area. The staff are required to document the time and date of these checks in the log book. Copies of the log books for February and March were forwarded to this auditor. The Operational Procedure 403, Institution Security Inspections, was updated to contain this process. Based on the information provided, it appears that this issue is resolved.

The Canteen restroom was shared by both inmates and staff. This door locks from the inside. This created a location for inmates to victimize other inmates without being observed by staff. On February 20, 2020, NNCC designated the Canteen Restroom as staff only and is keeping it locked so that inmates cannot enter.

Prison Industries had two blind spots by the table saws. On November 25, 2019, a photograph of mirrors that were installed to eliminate the blind spots behind the table saws was provided to this auditor. Based on the location of the mirrors, this issue appears to be resolved.

The restroom that the inmates use in the finish shop was a solid door. This created a location for inmates to victimize other inmates without being observed by staff. On December 30, 2019, a window was cut into the restroom door. The size of the window allows for staff to check on the safety of inmates without cross gender viewing concerns. A photo of the modifications was provided to the auditor.

There is a loft above the welding shop tool room that is a blind spot. On November 19, 2019, NNCC removed the stationary ladder accessing the loft. Now access will only be by mobile ladders, which are tightly controlled and monitored. A photograph of the modification was provided to the auditor.

Prison Industries staffing is minimal. There were no policies or proof of practice that staff randomly and routinely roam throughout the shops to insure inmate safety. On February 2, 2020, NNCC implemented a procedure requiring staff to do periodic checks of the Prison Industries area. The staff are required to document the time and date of these checks in the log book. Copies of the log books for February and March were forwarded to this auditor. The Operational Procedure 403, Institution Security Inspections, was updated to contain this process. Based on the information provided, NNCC appears to have implemented adequate policies and tracking to comply with the PREA standard.

The main kitchen had two blind spots, one by the garbage dock and one in the dry storage. On November 19, 2019, NNCC installed mirrors in the Dry Storage area, eliminating blind spots. On February 3, 2020, NNCC installed mirrors by the loading dock, eliminating these blind spots. Photographs of both areas were forwarded to the auditor.

The restroom that the inmates use in the education building had a solid door. This created a location for inmates to victimize other inmates without being observed by staff. On December 31, 2019, a photograph of the doorway was provided showing the door was replaced with a curtain. This allows staff to see into the restroom without risk of cross gender viewing.

The restroom that the inmates use in Housing Unit 5 Rotunda had a solid door. This created a location for inmates to victimize other inmates without being observed by staff. On February 13, 2020, a photograph of the doorway was provided showing the door was replaced with a curtain. This allows staff to see into the restroom without risk of cross gender viewing.

The restroom that the inmates used in the Dental Clinic is a solid door that locks from the inside. This created a location for inmates to victimize other inmates without being observed by staff. On February 13, 2020, NNCC designated the Dental Clinic Restroom as staff only and is keeping it locked so that inmates cannot enter.

Based on the documentation received, NNCC has demonstrated complete compliance with standard 115.13.

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.

NNCC Operational Procedure 502, Youthful Offender, section 502.01, requires that all youthful offenders enter and exit the facility through the sally port at Tower Three. It further states that youthful offenders will be under escort at all times while not in their housing units.

NNCC OP 502, section 502.02, states that youthful offenders shall not be placed in any housing unit in which the youthful inmate will have sight, sound or physical contact with any adult inmate through use of shared dayroom or other common space, shower area, or sleeping quarters. Youthful inmates will only be housed at NNCC for intake, medical or mental health necessity or for court appearances. In areas outside the housing unit, staff will maintain a sight and sound separation from the adult inmates or provide direct supervision if separation is not possible.

At the time of this audit, NNCC did not house any youthful offenders. According to the Warden and the PCM, they have not housed any in the past few years. Currently any minors that get sentenced as an adult in Nevada go straight to 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 2 and 3, section 422.03, states that Correctional Personnel shall not conduct unclothed body searches of inmates of the opposite sex except in an emergency i.e. riot, escape, etc. If such an emergency exists, the search will be documented in Nevada Offender Tracking Information System (NOTIS).

According to the staff and inmates interviewed, female staff have not conducted any strip searches on male inmates, nor have male staff conducted any strip searches of female inmates at NNCC. 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 August 28, 2019, claims that there have not been any cross gender unclothed body searches conducted at NNCC in the past year.

OP 422 also states that NNCC will document all cross gender pat-down searches of female inmates in NOTIS. According to the staff and the female inmate interviewed, there have not been any pat down searches conducted on female inmates by male staff.

OP 422, Search and Seizure Standards, section 422.01, 2, a, requires that inmates be allowed to shower, perform bodily functions and change clothing without opposite gender staff viewing their buttocks or genitalia. Operational Procedure 333, Standard Responsibilities of All Staff, section 333.02 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, most (35 of 44) of the inmates stated that female staff's presence is announced every time that they enter the housing unit. Of the nine that said staff don't, four admitted that they don't really pay attention, so they are not sure. During the tour the announcements were always made in our presence. All staff stated that the announcements are routine and expected.

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 except in one location. All strip search areas are concealed so that staff not conducting the search cannot see an inmate undress except the ones noted below. All inmate restrooms, except the urinal in the Mental Health Building, allow for modesty while an inmate toilets. A review of the video monitors showed that two of the video cameras monitored strip search areas.

OP 422, Search and Seizure Standards, section 422.01, 2, c, restricts staff from searching inmates for the sole purpose of determining their genital statuses. Information on an offender's genital statuses 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 statuses. 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. Unfortunately the training department does not have a method to run a report to show who is delinquent in training. This makes it difficult for NDOC or NNCC to monitor the training compliance of their staff. A review of the training documents indicated that about 20% of the custody staff at NNCC have not been trained in these search techniques either, during the initial training in 2017, or upon being hire in 2018 or 2019. Two of the transgender inmates interviewed complained that some of the staff do not conduct pat down searches in the proper manner. The details of their concerns were shared with the Warden. As a result of the audit, NNCC provided refresher training on Universal Pat-Down Searching Techniques to all of their custody staff. On February 13, 2020, NNCC provided a list of all custody staff with dates that they attended Universal Pat-Down Search Refresher Training. This auditor requested ten random training certificates from the PCM. All ten certificated were provide the same day.

During the tour of NNCC, the audit team observed a few areas that allowed for cross gender viewing. During the corrective action portion of this audit these areas were corrected and documentation was provided.

The Housing Unit 6 shower door allowed for cross-gender viewing. On January 10, 2020, a photograph of the shower with translucent plastic covering three quarters of the shower

door was provided to the auditor. This allows staff to see into the shower without risk of cross gender viewing.

The Mental Health enclosed yard has a urinal that was exposed to the officer's station. The windows that view onto the yard have been partially frosted to eliminated cross gender viewing concerns, however still allow staff to monitor inmate movement on the yard. Photographic evidence was provided to the auditor on January 10, 2020.

The Administrative Segregation strip search area allowed for cross-gender viewing. On January 10, 2020, the Warden gave written direction that this area would no longer be used for strip searches. Strip searches are to be conducted in cells.

The strip room in visiting had a mirror in the back that allows for cross-gender viewing by staff walking through the back of visiting. This mirror was removed prior to the interim report being completed.

The strip search/holding cells in the administration building have cameras directed at them allowing for cross-gender viewing. On January 10, 2020, the Warden gave written direction that these holding cells would not be used for strip searches.

Based on the documentation received, NNCC has demonstrated complete compliance with standard 115.15.

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. The PCM showed the audit team a copy of the policy written in braille. 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.

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 the interview of inmate who did not speak English.

Even though NNCC has several methods for inmates with physical disabilities, such as vision and hearing impaired to receive the information there is no policy that states what staff are to do if an inmates is unable to read English or Spanish. Five inmates were interviewed that needed some form of assistance with effective communication (two English Second Language, one vision impaired and two developmentally disabled). Four of the five inmates were able to

reiterate the PREA policy well enough to demonstrate comprehension. One of English Second Language inmate could not read Spanish and was unsure of the PREA policies.

Operational Procedure 574, Language Interpretation Services, states that “Inmate interpreters will not be used for translation of sensitive or confidential information, such as, investigations, PREA related items, sentence related issues, etc.” 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.

To comply with this standard, NNCC needed to develop a policy to insure that inmates with learning disabilities, or that do not read English or Spanish, are provided the PREA information. Additionally, effective communication needed to be established to insure that the inmate understood the information provided. On January 29, 2020, a copy of a new desk procedure for Casework staff was provided to this auditor. The new desk procedure required the intake staff to establish effective communication with the inmate during the assessment and education process. The document included strategies and example to help staff determine if the inmate understands PREA policy. In addition to the desk procedure, training documents, signed by the Caseworkers, were provided. Based on the documentation received, NNCC has demonstrated complete compliance with standard 115.16.

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, three employees had disclosed prior employment in an institutional setting. The personnel files for two of the employees contained a request for information related prior sexual abuse or sexual harassment allegations on these employees (66% completed). During the interview with the head of personnel, she explained the hiring process and how background 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 2016. 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 three 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. NNCC provided one example of requests about a prospective employee that they received from another agency. 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.

NNCC 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.

Human Resources did not consistently attempt to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during an investigation of an allegation of sexual abuse (2 of 3 completed). During November 2019, December 2019, January 2020 and February 2020, several copies of contact letters were provided by the NDOC Human Resources department. These documents were compliant with standard 115.17.

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, NNCC has had four Americans with Disabilities Act (ADA) bathroom upgrades to the facility since the last audit. All of the upgrades were toured during the on-site portion of the audit. All four areas were compliant with 115.13 and 115.15 of the PREA.

The facility is being considered for possible upgrades to the current video surveillance system. The Warden stated that they would look at eliminating blind spots and insure not to monitor toilets, showers or strip areas with these improvements. Additionally the facility is in the process of updating the doors and locks in one of the housing units. This should not impact PREA.

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*)

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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, Evidence/Contraband Collection, Storage and Disposal, 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. NNCC 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. NNCC utilizes a qualified SAFE/SANE nurse from the community to conduct medical exams and the process is handled, keeping the victims confidentiality in mind. The policy states that the inmate will be provided medical and emotional support at no cost to the inmate.

NDOC and NNCC utilize a local hospital's Sexual Assault Nurse Examiner (SANE) to conduct the forensic exams. Currently NDOC has an agreement with Crisis Support Services of Nevada (CSSN) to conduct all forensic exams. The audit team contacted the SAFE/SANE Coordinator with CSSN and confirmed that they conduct the forensic exams for NNCC. If an inmate is taken for a SAFE/SANE exam, they are transported to the Children's Advocacy Center and brought to the back of the facility, away from any children. A SAFE/SANE nurse is called in to perform the exam. She stated that there is always a SAFE/SANE nurse available to perform this function. CSSN has four nurses on staff and they service Northern Nevada and Eastern California. 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.

NNCC uses CSSN for victim advocacy services also. According to the coordinator, they will accompany the offender, if requested, during the exam and investigation process. NDOC also has a contract in place with The Rape Crisis Center (RCC) in Las Vegas in the event of a sexual assault. 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

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

This auditor spoke with the Inspector General for the NDOC. She confirmed that it is the IG Office's responsibility to investigate PREA allegations in NDOC. The IG's office is notified via the Nevada Offender Tracking Information System (NOTIS), the electronic incident notice system used by NDOC. In emergency cases they are notified via telephone. Once the IG's office receives the notice, they will assign an investigator to the case. At the conclusion of the investigation, if it appears that a felony has taken place, the IG will refer the case to the Attorney General. 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 Investigator 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 two 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 33 cases reported during the audit period. All 33 were reported to the Inspector General. NNCC had one concluded PREA cases that met the criteria to refer a case for prosecution during this audit period. In this case the suspect did not have the mental capacity to understand that his actions were unacceptable. The case was not referred to the Attorney General.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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 NNCC 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 NNCC 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 not able to provide any lists (either of staff who completed or staff who had not completed) for the team to review. The Training Manager was only able to provide the printout of classes taken with certificates of specifically named staff that was requested by the auditor. The audit team requested training lists from the PCM and was provided several lists, by shift or classification, of staff that had attended the requested training. Based on lists received and the amount of staff, it was difficult to determine who did or did not attend the required training. Because there is no efficient method to track delinquent training, NDOC does not know who is deficient in training.

As a result, it appears that 20% of the staff are not trained in Pat-Down Searches of Cross Gender or Transgender Inmates, 15% did not receive the on-line training on PREA last year and, even though 2019 is not over, PREA training for this year is behind.

Only 85% of the staff completed the PREA training in 2018. The amount of staff that have attended the training in 2019 is was about the same. Only 80% of the custody staff have attended the cross-gender pat-down search training. During January and February 2020, NNCC provided remedial training to all staff that failed to attend PREA training in 2019. A list of all staff that received this training was provided to the auditor. The auditor submitted ten random employee names from the list, requesting their signed acknowledgment. All ten requested forms were received that day.

As a result of this audit, NDOC has changed how employee training is tracked. The training department can now run a report on a training topic and determine who has and who has not received the required training.

Based on the documentation received, NNCC has demonstrated complete compliance with standard 115.31.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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.

NNCC has approximately 118 volunteers on their Gatehouse list, however according to the PCM far fewer than that actually come into the facility. A large portion of the education staff are all contract staff performing their specific job duties at NNCC. NNCC provided copies of the sign training acknowledgement for several volunteers and contractors with the pre-audit materials. All of the volunteers that visit this facility were trained within the past year. Ten random files of volunteers and contractor 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 or contractor 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

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Administrative Regulation 511, Inmate Orientation Program, requires that inmates receive information on PREA upon arrival. The inmates are provided 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. This document is only available in English. 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 NNCC 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, she has them sign the acknowledgment sheet at that time. There was no attempt made by staff to determine if the inmate understood the information provided.

NNCC did a mass PREA education in April 2014, for all inmates currently at NNCC. 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 insufficient. A review of inmate files revealed that copies of the signed acknowledgement form were in 17 of the 21 files reviewed. Two of the files reviewed were of Spanish speaking inmates. The acknowledgement form was in English, so it does not appear that they knew what they were signing. 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, nine that have been at NNCC for less than two years did not remember receiving any information about PREA upon arrival. Six more inmates claimed to have only seen a video and did not receive any written documents (handbook or PREA information and Education Sheet). However most of the inmates knew the NDOC Sexual Abuse/Harassment policy. Additionally, they knew how to report any violation of policy through

the several different reporting methods. They stated that they received the information either from the posters around the facility or at other prisons.

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 near the inmate telephones.

The Inmate Education was not comprehensive. There was no interactive education provided, allowing inmates to ask questions. 4 of 21 inmate files reviewed did not have proof of education. On January 29, 2020, a copy of a new desk procedure for Casework staff was provided to this auditor. The new desk procedure required the intake staff to establish effective communication with the inmate during the assessment and education process. The document included strategies and example to help staff determine if the inmate understands PREA policy. In addition to the desk procedure, training documents, signed by the Caseworkers, were provided.

At the end of each month, between December 2019 and March 2020, a list of all inmates received at NNCC was provided to this auditor. Each month ten random names were selected by the auditor and the Inmate Education form was requested. Each form requested was provided. If the inmate's primary language was Spanish, proof of Inmate Education in Spanish was provided.

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

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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. NNCC has two Lieutenants that are used as local investigators to investigate non-criminal, non-staff PREA cases. Their training certificates were provided when requested by the PCM.

The audit team interviewed one investigator from NNCC 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

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.

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 NNCC are not trained to conduct forensic exams. All forensic exams are conducted by a SAFE/SANE Nurse from Crisis Support Services of Nevada.

According to the documents provided to the audit team, 78 of the 80 medical 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 some of 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.

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 NNCC, 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 process reception of inmates on the day of arrival when the inmates come in from the county or transfer from another facility.

If NNCC 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 the intake unit until the intake process is complete. Some of the inmates are transferred to other NDOC facilities and some of them are housed in other housing units at NNCC once the entire reception center process is completed (about two weeks).

Policy requires that the inmate is personally interviewed again within 30 days. 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).

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-one random inmate files. All but one file included the initial screening. Sixteen of the inmates were received after 2014, when the PREA screening started. The five that were at NNCC prior to 2015 received their initial screening during their annual review. The sixteen that arrived after 2014 were screened on the day they arrived with the exception of one. This inmate was housed in the infirmary on the day of arrival and was still housed there on the date of the audit. Ten of the sixteen inmates that arrived after the implementation of PREA screening did not have a second PREA screening within 30 days after arrival. One of the inmates had not yet been at NNCC for 30 day so her data was not considered.

During interviews with a sample of the inmate population, eighteen of the 24 random and targeted inmates interviewed, that have been housed at NNCC for less than two years, remember going through the PREA screening process on the day of arrival. Three of those inmates do not remember if they were screened and three stated that they had not. Of those same 24 inmates, only seven remember being asked questions regarding their sexual safety a second time within one month of arrival (most said about two weeks). Nine of these inmates said that they did not receive a second screening and six do not remember if they had. Two of the inmates interviewed had not been at NNCC for 30 day yet.

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

During the on-site file review, 75% on the inmate file reviews did not provide documents demonstrating the follow-up risk screening assessment. At the end of each month, between December 2019 and March 2020, a list of all inmates received at NNCC was provided to this auditor. Ten random names were selected by the auditor each month and the Initial PREA Assessment Forms and the 30-day Follow-Up Assessment Forms were requested. Each form

requested that was completed was provided. Initially the 30-day follow-up were not being completed consistently. From September to December the completion rate was about 60%. In January a new PCM was assigned at NNCC. Immediately the completion rate went to 100%. January, February and March all showed 100% completion.

The new PCM instituted a tracking system that was utilized at other NDOC facilities with high levels of success. This method of tracking was shared with the auditor and it appears to have eliminated any deficiencies in 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to

a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

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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 2 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 shall be 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 NNCC 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. NNCC 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 four inmates identified as transgender. These inmates were living in three 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 NNCC allows all inmates to shower separately from each other. All four of the transgender inmates were interviewed and their files reviewed by the audit team. The three transgender inmates who have been at NNCC for more than six months have had their housing and programing reassessed every six months since arriving at NNCC.

During the interviews with the LBGTI 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

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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."

According to a memorandum provided to the audit team, signed by the Warden, NNCC has not had any inmates placed in segregation involuntarily based on victimization concerns during this audit period. The segregation housing supervisor stated that he does not remember any inmates being placed in segregation solely for victimization concerns. During the audit tour and document review, the audit team could not find any cases where this had occurred.

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

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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 common two digit number 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

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 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, section 740.04, removes all time frame restrictions for the filing of a grievance when the grievance alleges sexual abuse.

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

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

NDOC and NNCC'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).

At any time an inmate may file an Emergency Grievance for issues involving substantial risk of imminent sexual abuse. All PREA Emergency Grievances alleging substantial risk of imminent sexual abuse shall be forwarded to the highest ranking staff member on duty so that corrective action may be taken immediately. A decision will be made immediately or within one (1) hour of receipt of the PREA Emergency Grievance. The person responding to the Emergency Grievance shall speak with the inmate and document any corrective action that was made or taken using the NOTIS reporting system. All actions should afford inmates access to medical/mental health services. Per policy, all PREA Emergency Grievances will be referred to the Associate Warden or PREA Compliance Manager for follow up within 2 days of receipt of the Emergency Grievance. The Associate Warden or PREA Compliance Manager will ensure that the incident has been referred for investigation and that the inmate has been afforded

appropriate medical, mental health and safety considerations. An inmate may not be disciplined for filing a grievance related to alleged sexual abuse unless the Department has demonstrated that the inmate filed the grievance in bad faith.

The Grievance Coordinator for NNCC 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 NNCC investigation logs, there were five 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 several 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.

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

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NDOC is attempting to enter in a Memorandum of Understanding (MOU) with Community Action Against Rape DBA the Rape Crisis Center (RCC) in Las Vegas to provide inmates emotional support in the event of a sexual assault. Currently NNCC utilizes the Crisis Support Services of Nevada for victim advocacy. The inmates receive the information via PREA Education and Information Sheet when they first arrive at the facility; however there are very few posters on the walls. Only one of the forty inmates interviewed knew about these services.

Most of the inmate phone calls are recorded; however, phone calls to the Rape Crisis Center and the IG's office are not. This information is included on the posters and the PREA Education and Information Sheet. Any mail to the RCC or IG's office is treated as legal mail and not read by the staff.

Copies of the expired MOU, the PREA Information and Education Sheet were provided to the auditors. During the tour of the facility, the audit team observed only one RCC poster.

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

Prior to the completion of the interim audit report, NNCC posted the Rape Crisis Center contact information by all of the inmates' telephones and in common areas. Several photographs of the postings were e-mailed to the auditor as proof of practice. NNCC is now compliant with this standard.

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 NNCC 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.

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. NNCC 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 fifteen of the cases reviewed by the audit team, investigations

were usually assigned 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.

Operational Procedure 613, Medical Requirements for Inmate Sexual Assault, section 613.01, h, states that medical and mental health practitioners will get informed consent from the 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 this 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.

NNCC does not house any offenders under the age of 18. However, being the processing center for Northern Nevada, NNCC could receive a juvenile sentenced as an adult. If they were to receive an Inmate under the age of 18, and they were to become a victim of a sexual assault, policy requires them to contact Child Protective Services.

NNCC 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.

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 Shift Commander. The Shift Commander shall take immediate action to protect the potential victim and document their actions in NOTIS. The grievance will then be responded to within 48 hours.

During the interviews, staff explained what they would do if they received information that an inmate was at imminent risk of being sexually assaulted. Based on how the information was received, they would interview the potential victim to insure his safety. They would separate the potential victim from the potential predator while arrangements were made to rehouse either or both inmates or to transfer to alternate institutions. All of the actions taken would be documented in NOTIS. If the information received indicated that criminal acts were being committed, the case would be referred to the IG's Office for investigation.

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.

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

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

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.

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 NNCC follow the established policies when responding to PREA incidents.

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 458, Crime Scene Preservation and Investigation, Section 458.05, 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.

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.

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*)

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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. The Warden at NNCC has designated the PCM as the person responsible to monitor retaliation at NNCC. Operational Procedure 421, requires the PREA Compliance Manager (PCM) to monitor the conduct and treatment of inmates and staff who reported the sexual abuse and 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 for at least 90 days. The PCM will track all inmates and staff who report sexual abuse, or sexual harassment, or cooperate with any investigation, from retaliation by both inmates and/or staff. Once per month, the PCM or designee complete a NOTIS Chrono entry for each inmate who has been tracked for protection purposes. The PCM will review NOTIS every day for new PREA related incidents. All IR's in regards to PREA issues will be added to the PREA Incident tracking form by the PCM. The PCM is required to do periodic status checks, including a meeting, on all inmates who reported a PREA or retaliation.

The OP 421.09 further states that NNCC shall employ protection measures for both victims and abusers, such as monitoring housing changes, transfers, job assignments, program assignments, negative work reviews, and custody status. If any facility staff member learns of or receives information that a person who cooperated with an investigation, other than an inmate or staff reporter, has expressed a fear of retaliation, the Inspector General's Office will be immediately notified. The matter will be immediately reviewed by PREA management staff of the Inspector General's Office and contact made with the person by the assigned staff member of the IG's Office. Appropriate measures will be taken by the assigned investigator, including, follow up with the person who expressed the fear and if applicable referral to an outside law enforcement body or advocacy group.

NNCC did not monitor inmates or staff who report a PREA allegation or who cooperate with an investigation for retaliation prior to the submission of the interim report. On February 26, 2020, the new Retaliation Monitoring Tracking Sheet was provided by the PCM. She had to create this tracking form as retaliation was not monitored prior to her being assigned as the PCM. A review of the tracking sheet indicates that inmates are monitored for at least 90 days. She is also monitoring inmates that made allegations in 2019 that were not previously being monitored. The monitoring includes a review of NOTIS for disciplinarians, job changes or bed moves. She also interviews the inmates to see if they have any issues or perceive being retaliated against. There have not been any cases requiring monitoring retaliation against staff at NNCC as of yet. The monitoring tracking was provided again on March 16 and April 1, 2020. Because of the system that the PCM has put in place, and her method of tracking, the monitoring appears to be compliant with 115.67.

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. NNCC Operational Procedure 573, section 573.03 states "Inmates at high risk for sexual victimization, or victims of sexual abuse, 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."

According to a memorandum provided to the audit team, signed by the Warden, NNCC 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.

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

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

Policy states that the departure of the alleged abuser or victim from the employment of the Department or control of the institution/facility shall not provide a basis for terminating an investigation. 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.

NNCC had a total of 33 allegations during the past 12 months. There were a total of 8 inmate-on-inmate sexual harassment allegations, 12 inmate-on-inmate sexual abuse allegation, 6 staff-on-inmate sexual harassment allegations and 7 staff-on-inmate sexual abuse allegations. The audit team selected fifteen cases at random to review.

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 then 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. All other cases were unsubstantiated. There was one substantiated cases for a sexual assault. The institution chose not to take any action on the suspect because his mental capacity was limited. He was not able to comprehend that the behavior was unacceptable.

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 fifteen 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 ten cases that were found to be unsubstantiated, evidence showed that the incident most likely did not happen.

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 421.12, states that staff will notify the inmate and enter a case note within the NOTIS system indicating that the inmate had been notified.

NNCC staff were unable to provide sufficient documentation demonstrating that the alleged victim was notified of the outcome of the investigation at the time of the on-site. The one example provided to the audit team was an entry into NOTIS that stated “the inmate advised the investigation is complete and has been found unsubstantiated”. The information did not link the disclosure to any case number, nor did it advise the inmate:

If the staff member is no longer posted within the inmate's unit;

If the staff member is no-longer employed at the facility;

If the agency learned that the staff member has be indicted on the charge;

If the agency learned that the staff member has been convicted of the charge.

Because the inmate is told of the results of the investigation, and then the staff member enters the disclosure in NOTIS, there is no document that the inmate possesses if he wishes to file an appeal. Two of the four inmates that were interviewed, after filing a PREA allegation, stated that they were never informed of the outcome of the investigation.

On February 11, 2020, a copy of each inmate notification, for all sexual abuse investigations closed in 2019 and 2020 were provided to this auditor. If the suspect is a staff member, the information includes if the staff member on longer works in the unit or at the facility, and if they have been indicted or convicted on the charges. If the suspect is an inmate, the information includes if they were indicted or convicted on the charge. NDOC has recently adopted a policy that the inmate signs the notification memo. This helps reduce the chances of staff claiming to have informed the inmate while not actually meeting with them. The PCM notes, on the investigation log, when the inmate was informed. Additional notifications were provided on February 26, 2020. There were no sexual abuse claims closed at NNCC after this date. Based on the information provided, it appears that NNCC is compliant 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 ten sexual abuse allegations against NDOC employees at NNCC during this audit period. Three were 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*)

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 421.15, 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.

According to the Warden, NNCC has not had any volunteers or contractors restricted from grounds due to sexual assault or sexual harassment. A review of investigations did not contain any allegations against a volunteer or contractor.

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

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

Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.16, 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.

Operational Procedure 421 requires the Disciplinary Hearing Officer to refer an inmate to the Mental Health Department as a result of a guilty for a sexual offence. Mental Health will offer counseling or other intervention in an attempt to address the underlying reasons or motivation for such behavior. The inmate may be required to attend such meetings as part of the disciplinary sanctions.

According to Operational Procedure 412, NNCC 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.

Operational Procedure 421, section 421.16, 4, states that NNCC prohibits all sexual activity and inmates can be disciplined for such activity. The Hearing Disciplinary Officer may not, however, deem such activity to constitute sexual abuse if he/she determines that the activity is not coerced.

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.

NNCC had one substantiated allegations of inmate-on-inmate sexual abuse/harassment during this audit period. The suspect was not disciplined because it was determined that his mental capacity was diminished to the point that he could not comprehend his actions. The AG'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

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.

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.

The policy reads "All inmates will receive screenings upon initial intake (reception) and upon arrival at each institution the inmate may be transferred to during his or her incarceration. The Inmate will be asked if he has experienced prior sexual abuse, whether it occurred in an institutional setting, jail, or in the community. If the inmate answers yes, staff will ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within "14 days" of the intake screening. A specialized binder will be located and maintained in the medical and mental health areas to identify the inmates in need of this follow-up.

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.

On the day the audit team was touring the intake area for NNCC, a van of inmates arrived from the county for processing. The audit team observed the intake process. The caseworker that asks the inmate if they had experienced any prior victimization of predatory concerns is up the stairs from the mental health Clinician. According to the caseworker, if an inmate answers affirmative to the victim or predator question on the PREA screening form, the caseworker tells the mental health Clinician. The mental health clinician then offers the inmate a follow-up meeting with mental health. A list of inmates who claimed prior victimization was provided to the audit team. There was no documentation to indicate that inmates are offered mental health when they disclose victimization upon arrival at NNCC. Additionally there was no supporting

documentation in the inmate's medical file that indicates that they were seen by a clinician for that purpose. Two of the three inmates that were interviewed based on claiming prior victimization, stated that they have been offered mental health as a result of this claim, however the inmates declined. The other one does not remember if he was offered a follow-up meeting with mental health or not.

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.

At the time of the on-site portion of the audit, mental health and medical referrals were not tracked. The facility needed to document when they offer an inmate a follow-up meeting with a mental health clinician if they disclosed prior victimization or have previously perpetrated sexual abuse. If the inmate declined the offer, this also needed to be documented. If the inmate accepted the offer to see a mental health clinician, the meeting should also be documented.

On February 26, 2020, the new PCM provided a tracking list of all inmates who disclosed prior victimization or previously perpetrated sexual abuse. The tracking included the date of arrival, the date the inmate was offered MH treatment, if the inmate accepted the treatment and when the inmate was seen by MH. Nine names were selected at random and the supporting documentation was requested for these inmates. The proof of offer/referral and the MH notes were provided. All of the inmates that have arrived since January 2020, that have accepted the MH offer, have been seen within 14 days. Most of them on the same day that the offer was made. Additional tracking reports were provided March 16, and April 1, 2020. Documented proof of offering the inmate's a HM meeting were also provided.

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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NNCC 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.

Inmates at NNCC 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.

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.

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 sexual assault center in Reno (if appropriate). Once the inmate is returned to NNCC, 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 NNCC 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

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.

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 NNCC are seen by medical staff for evaluation and treatment. The inmates are offered test for sexually transmitted infections when appropriate. The medical files were reviewed and there was documentation that the inmates were seen by medical 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 NNCC.

NNCC has a small female inmate population. According to the medical staff, if a female is a victim of vaginal penetration, the facility would offer a pregnancy test. If a sexual assault results in a pregnancy, the victim would receive timely and comprehensive information and access to all lawful pregnancy related services. None of the PREA allegations received at NNCC involved a female inmate during this audit period.

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 evaluated by a Mental Health clinician after reporting sexual abuse. The Mental Health

Department is not receiving the referrals from the Incident Commander. This could be because the inmate declines the offer, however there is no supporting documents that indicate whether or not an offer for Mental Health is 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 Inmate-on-Inmate sexual abuse is currently being seen by Mental Health. NNCC has Sexual Treatment of Offenders in Prison (STOP) program for inmates who have committed sexual offences. This is a newer program and participation is not mandatory.

At the time of the on-site portion of the audit, there was no documentation to support if an inmate was being offered MH after making a PREA allegation.

On February 26, 2020, the new PCM provided a tracking list of all inmates who have made allegations of sexual assault. The tracking included the date of allegation, the date the inmate was offered medical or MH treatment, if the inmate accepted the treatment and when the inmate was seen by medical or MH. Three names were selected at random and the supporting documentation was requested for these inmates. The proof of offer/referral and the MH notes were provided. None of the inmates requested medical treatment, as the allegation did not include physical injury or exchange of bodily fluids. All of the inmates that have made an allegation of sexual assault since January 2020, that have accepted the MH offer, have been seen that day. On April 1, 2020, this auditor requested proof of offering a MH meeting to an offender that that was the alleged victim of a sexual abuse claim in March. This auditor received a copy of the correspondence from the clinician that reflected that the inmate was seen the day after the allegation was reported.

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

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

Operational Procedure 421, Prison Rape Elimination Act, section 18, states that NNCC shall 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. The PREA compliance manager will track and notify the review team upon learning of the completion of any sexual abuse investigation.

Such review shall ordinarily occur within 30 days of the conclusion of the investigation and will be documented using the Committee Review for Sexual Abuse Investigation form located in NOTIS (under the incident IR number). The review team shall be selected by the Warden and shall include preferably the Associate Warden or CCS III/, Lieutenant, and medical and/or mental health care Practitioners as needed. The review team shall document their findings on the Committee Review for Sexual Abuse Investigation form. The review team shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

Consider whether the incident or 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 alleged incident occurred to assess whether physical barriers in the area may enable 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.

Prepare a report of its findings, including but not limited to determinations made pursuant to the above paragraphs of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Review Team shall implement the recommendations for improvement or shall document the reasons for not doing so.

The only documents provided to the audit team to support this standard were over four years old. The PCM stated that they have not been conducting the PREA sexual assault reviews.

The SAIR at NNCC was not being held within 30 days of the conclusion of the investigation to discuss the possible contributors to the incident on all substantiated and unsubstantiated sexual abuse allegations. On February 11, 2020, I received minutes from SAIRs that were conducted on all substantiated and unsubstantiated sexual abuse allegations from 2019. It is noted that these are over 30 days after the conclusion of the investigation, however, this was clearing a backlog of old cases. Since the re-establishment of the SAIR, there have been two investigations that were closed requiring a SAIR. Both of these meetings were held within the 30 day time frame. The notes included who was present and what was discussed. All five topics required by 115.86 were covered in the meeting. The conclusion of the committee's findings were documented and signed by the chair.

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 PREA Coordinator's team leader 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. Five letters were received from inmates prior to the audit. Four of the inmates were interviewed by this auditor; one was transferred to a different facility prior to the audit. All four of the inmates' 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 NNCC. It can be found by going to the NDOC home page and selecting the Inspector General/PREA quick link. Then select the PREA Management Division under the Resources tab. Once that page loads, select PREA Audits under the Resource tab. Select 2016 PREA Audits and then select Northern Nevada Correctional Center. The audit was completed on November 30, 2016, and was posted on the website.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

John N Katavich

April 7, 2020

Auditor Signature

Date

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

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