

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

Interim       Final

**Date of Interim Audit Report:**      December 7, 2019       N/A

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

**Date of Final Audit Report:**      April 10, 2020

**Auditor Information**

**Name:** Roger Lynn Benton

**Email:** roger.benton@cdcr.ca.gov

**Company Name:** California Department of Corrections and Rehabilitation

**Mailing Address:** 1515 S Street 344-N FOPS/SH

**City, State, Zip:** Sacramento, CA 95811

**Telephone:** (916) 798-9953

**Date of Facility Visit:** October 28-30, 2019

**Agency Information**

**Name of Agency:**

Nevada Department of Corrections

**Governing Authority or Parent Agency (If Applicable)**

State of Nevada

**Physical Address:** 5500 Snyder Avenue

**City, State, Zip:** Carson City, Nevada 89701

**Mailing Address:** Post Office Box 7000

**City, State, Zip:** Carson City, Nevada 89701

**The Agency Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Agency Website with PREA Information:**

[http://doc.nv.gov/About/NDOC\\_Office\\_of\\_the\\_Inspector\\_General/PREA\\_Management\\_Division/](http://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/PREA_Management_Division/)

**Agency Chief Executive Officer**

**Name:** Director of Corrections Charles Daniels

**Email:** cdaniels@doc.nv.gov

**Telephone:** (702) 486-9912

**Agency-Wide PREA Coordinator**

**Name:** Deborah Striplin

**Email:** dstriplin@doc.nv.gov

**Telephone:** (775) 977-5512

**PREA Coordinator Reports to:**

Nevada's Department of Corrections  
Inspector General James Jones

**Number of Compliance Managers who report to the PREA Coordinator**

Zero, the Institutional PREA Compliance Managers report to the Inspector General.

## Facility Information

**Name of Facility:** Warm Springs Correctional Center

**Physical Address:** 3301 East 5th Street

**City, State, Zip:** Carson City, Nevada 89701

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

**City, State, Zip:** Same as above

**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/](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:**  
N/A

### Warden/Jail Administrator/Sheriff/Director

**Name:** Warden Perry Russell

**Email:** prussell@doc.nv.gov

**Telephone:** (775) 684-3002

### Facility PREA Compliance Manager

**Name:** Correctional Lieutenant Jackson Hardy

**Email:** jhardy@doc.nv.doc

**Telephone:** (775) 684-3011

### Facility Health Service Administrator N/A

**Name:** Correctional Nurse 3 Candis Rambur

**Email:** crambur@doc.nv.gov

**Telephone:** (775) 684-3086

## Facility Characteristics

Designated Facility Capacity:	591	
Current Population of Facility:	585	
Average daily population for the past 12 months:	572	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-78	
Average length of stay or time under supervision:	4.1 years	
Facility security levels/inmate custody levels:	Minimum and Medium Custody	
Number of inmates admitted to facility during the past 12 months:	759	
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> :	103	
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> :	569	
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:	149	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	18
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	5
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	153
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	8
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4 (1, 2, 4A & 4B)
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	4
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	0
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Medical and Mental Health Services and Forensic Medical Exams**

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

**Investigations**

**Criminal Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	7 total Criminal Investigators
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

**Administrative Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	9 total Admin Investigators
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

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

The Warm Springs Correctional Center, located at 3301 East 5<sup>th</sup> Street, Carson City, Nevada, was authorized by and constructed through appropriations from the 1961 legislative session and was known as the Nevada Women's Correctional Center until September 1997. It was converted to a medium security men's prison in 1998, then to a minimum custody facility in July 2003. The institution has been remodeled and expanded four times over the past 47 years. A second housing unit was added in 1979, and a third in 1987. The core services building, which houses food services, health care services, education facilities and the gymnasium, was added in 1981. The 1995 and 1997 legislatures authorized a fourth housing unit, two towers, a new security fence, additional classrooms and a complete remodel of the kitchen, dining room and entrance building. The completion of this project in July 1998 (funded in part with federal monies) brought the budgeted capacity of the Warm Springs Correctional Center from 260 to 510 inmates. In July 2008, Warm Springs Correctional Center was converted back to a men's medium custody institution.

The Warm Springs Correctional Center is participating in a Prison Rape Elimination Act audit conducted by two certified Department of Justice auditors from the California Department of Corrections and Rehabilitation. The on-site portion of the Warm Springs Correctional Center audit was conducted at the address stated above during the period of October 28-30, 2019.

### PRE-AUDIT PHASE

On August 27, 2019, the Nevada Department of Corrections, Prison Rape Elimination Act Statewide Coordinator, gave me, in person, the notification and photographic evidence, that the Notice of Audit forms for the Warm Springs Correctional Center, had been posted. The notice was copied on bright green paper and posted in a variety of areas to include, the bulletin board of all four housing units, Education, Food Services, Health Care Services, Kitchen, Dining and gymnasium.

This posting date was over six weeks prior to the on-site review and date stamped photographic evidence was submitted demonstrating the timely posting of the notices. The facility was requested and agreed to keep all notices posted for six weeks prior to and six weeks after the on-site review.

The Warm Springs Correctional Center's Prison Rape Elimination Act Compliance Manager, with the assistance of the Nevada Statewide Prison Rape Elimination Act Coordinator, was requested to complete the Pre-Audit Questionnaire.

On September 10, 2019, I received the Pre-Audit Questionnaire and supporting documentation that was downloaded to a compact disk, from the Statewide PREA Coordinator. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility, along with the data included in the completed Pre-Audit Questionnaire.

The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, training certifications, organizational charts, posters, brochures and other Prison Rape Elimination Act related materials, that were provided to demonstrate compliance with the Prison Rape Elimination Act standards.

This review prompted questions that were placed in written form and emailed to the Warm Springs Correctional Center's Prison Rape Elimination Act Compliance Manager, in the form of bulleted questions for clarification or additional information needed. Responses to those questions were requested be sent to me, via email, either prior to or at the beginning of the on-site portion of the audit.

Answers to the questions were submitted, via numerous email and telephone exchanges, by the Warm Springs Correctional Center's Prison Rape Elimination Act Compliance Manager over a two-week period and reviewed by me prior to the on-site review.

I started completing the Audit section of the Auditor Compliance Tool by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.

I receive 2 letters from any offenders housed at the facility prior to my arrival. I did not receive any letters while at the institution or, so far, during the post-audit portion of this audit. I also did not receive any letters from an anonymous or third-party source (family member of an offender) or staff.

Prior to the on-site visit, on September 22, 2019, I emailed staff at Just Detention International to ask if there had been any Prison Rape Elimination Act concerns/issues reported from staff or offenders at the Warm Springs Correctional Center, in the past 12 months, to their organization. On September 24, 2019, I was informed, via email, by Just Detention International staff that they had not received any written or telephonic correspondence related to the Warm Springs Correctional Center.

On October 10, 2019, I sent, via email, a copy of the agenda for the upcoming audit, to the Statewide PREA Coordinator and the Warm Springs Correctional Center's PREA Compliance Manager.

It should be noted that the last time the Warm Springs Correctional Center received their Prison Rape Elimination Act Final Report, from their last 3-year cycle, was on April 10, 2017.

Following coordination, preparatory work and collaboration with management staff at the Warm Springs Correctional Center, pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

## **ON-SITE PHASE**

On October 28, 2019, the audit team arrived at the Warm Springs Correctional Center. The on-site audit team consisted of two auditors, which included John Katavich, a Department of Justice Certified Prison Rape Elimination Act Auditor and retired Warden for the California Department of Corrections and Rehabilitation and myself, a Department of Justice Certified Prison Rape Elimination Act Auditor and retired Captain for the California Department of Corrections and Rehabilitation. Both members of the auditing team have completed numerous In-State Pre-Audits and several Out-of-State formal audits.

As a team, we spent approximately 51 hours on-site at the Warm Springs Correctional Center and approximately three additional hours completing telephonic interviews with staff, Sexual Assault Nurse Examiner, Victim Advocate (through the Rape Crisis Center), Volunteers, ect.) that were not on-site during our visit.

Upon arrival to the facility, the audit team met with the Warm Springs Correctional Center's Warden and PREA Compliance Manager. We also met with the Nevada Statewide PREA Coordinator and numerous Custody and Non-Custody Managers for greetings, introductions and information sharing. The audit team was escorted to a conference room which served as a home base for audit preparation and organization.

Prior to arrival at the Warm Springs Correctional Center, the audit team requested, via email and telephone conversations, the following information:

- The most current count sheet (0530 hours)
- A sheet indicating the location of all posted Notice of Audit posters
- A housing breakdown by each of the four units.
- A roster of all offenders sorted alphabetically.
- A roster of all offenders sorted by housing areas.
- A roster of Specialized / Management staff that would need to be interviewed.
- A roster of custody staff working each shift, the days we arrive.
  - (0600-1400, 0600-1800, 1400-2200, 1800-0600 & 2200-0600 hours).
- A list and housing locations for any of the following offenders;
  - Offenders with a Physical Disability.
  - Offenders who are Blind, Deaf or Hard of Hearing.
  - Offenders that are Limited English Proficient.
  - Offenders with a Cognitive Disability.
  - Offenders who identify as Gay or Bisexual.
  - Offenders who identify as Transgender or Intersex.
  - Offenders in Segregated housing for High Risk of Sexual Victimization.
  - Offenders that reported Sexual Abuse.
  - Offenders that reported Sexual Victimization during Risk Screening.
- An inmate Orientation Booklet in each language you have. (English, Spanish...)
- 2 black and white site maps. This will be used to make sure we cover all areas during the tour.
- A schedule of any offender intake busses that will occur during our on-site visit.

Once settled in the conference room, all the requested information was provided to the auditors.

The audit team reviewed the lists and highlighted, in pink and/or yellow, the names of random staff and random offenders we wished to interview.

The reviewed list that the audit team received contained all of the custody and non-custody staff scheduled to work on the days of the on-site review, sorted by shift. The other list contained all offenders currently housed at the Warm Springs Correctional Center, sorted by housing unit.

An additional list identified offenders according to any/all of the nine above referenced/targeted categories and the Prison Rape Elimination Act's Compliance Manager worked with the auditor to identify the offenders housing/work areas.

The staff names were randomly chosen to include various work areas, shift schedules and classifications to get a formal response of wide-spread information from around the institution.

The offender names were randomly chosen to include several offenders from each of the four housing units and classification/custody level.



The Warm Springs Correctional Center custody staff work either one of three, eight-hour shifts. (0800-1600 1600-0000 and 0000-0800 hours) or one of two, 12-hours shifts. (0600-1800 and 1800-0600 hours)

On-site Review: The audit team conducted a thorough on-site review of the facility. The Nevada Statewide Prison Rape Elimination Act Coordinator and the Warm Springs Correctional Center's Prison Rape Elimination Act Compliance Manager escorted the tours as one group due to the limited size of the facility. Several staff, to include managers and maintenance, joined us on various parts of our tour. All staff openly answered question and shared information to the auditors.

Both members of the audit team toured the inside area of the facility to include all four General Population Housing Units (Units 1, 2, 4A & 4B), reviewed all informational bulletin boards, tested the telephone system, walked through the kitchen/dining areas, Education, Re-Entry, Culinary Arts, the Main Yard, Administrative Offices, Visiting Room, Gymnasium, Canteen and where Intake take place.

There were no buildings, that offenders had access to, outside the secured fence line. Warm Springs Correctional Center is adjacent to the Nevada State Prison, which opened in 1862 and closed in 2012.

Both team members wrote down information about areas covered and make notations on the supplied site map indicating which area had been visited and reviewed.

During the tour, both audit team members asked impromptu questions (Informal interviews) of staff and offenders, noted the placement and coverage of surveillance cameras, inspected surveillance monitors (if in those areas), identified potential blind spots, and inspected bathrooms and showers to identify potential cross gender viewing concerns, etc.

In offender housing units, audit team members tested offender telephones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. Using the offender accessible telephone, we called the listed Rape Crisis Center telephone number posted on the wall and a staff person answered. The staff member, at The Rape Crisis Center, (Community Action Against Rape) located in Las Vegas, Nevada, explained this telephone number was monitored 24 hours a day, 7 days a week. Information is obtained from the caller, then directed to the responsible coordinator for immediate action.

In offender work areas, audit team members assessed the level of staff supervision and asked questions (Informal interviews) to determine whether offenders are in lead positions over other offenders. Audit team members also noted the placement of Prison Rape Elimination Act notification address or telephone numbers, Rape Crisis Center information posters, Nevada Department of Corrections contact numbers and outside agency's numbers, located in offender housing/limited work areas and placement of the Prison Rape Elimination Act audit notices provided earlier to the facility. As needed, audit team member took photos to document the on-site review.

### Prison Rape Elimination Act Management Interviews:

The Nevada Department of Corrections Acting Director was interviewed, in person, on September 11, 2019.

The Nevada Department of Corrections Agency Contract Administrator was interviewed, in person, on September 11, 2019.

The Nevada Department of Corrections Statewide Prison Rape Elimination Act Coordinator was interviewed, in person, on September 11, 2019.

The Warm Springs Correctional Center's Warden was interviewed, in person, on October 29, 2019.

The Warm Springs Correctional Center's PREA Compliance Manager was interviewed, in person, on October 28, 2019.

The auditors worked with facility staff to schedule a time for each interview. Audit team members were escorted to the offices of the respective manager or arranged to utilize another office where the auditor conducted the confidential interviews using the applicable interview protocols and recorded the responses by hand.

All their summarized remarks and documentation presented, are in this report.

Other Specialized Staff Interviews: Using the list of specialized staff, received from the Prison Rape Elimination Act Compliance Manager, audit team members were escorted to the work locations or centralized offices of individual specialized staff to perform the required interviews.

The audit team also identified 17 additional specialized staff classifications to be interviewed. Interviews included staff from the following areas:

- 1 Intermediate/Higher level staff responsible for unannounced rounds.
- 0 Line Staff that Supervise Youthful Offenders.
  - No Youthful Offenders are housed at the Warm Springs Correctional Center.
- 0 Staff that Educate Youthful Offenders.
  - No Youthful Offenders are housed at the Warm Springs Correctional Center.
- 2 Medical staff members
- 2 Mental Health staff members
- 0 Non-medical staff trained/involved in cross-gender searches.
  - No cross-gender searches were conducted during the audit period.
- 1 Administrative (Human Resource) staff member
- 1 Sexual Assault Nurse Examiner from the Carson Tahoe Regional Medical Center, located in Carson City, Nevada (Telephonically)
- 1 Victim Advocate from The Rape Crisis Center, located in Las Vegas, Nevada (Telephonically)
- 2 various Volunteers (Religious and Community Activism)
- 2 various Contractors (Teachers on-site)
- 2 Investigator Staff members (1 Criminal and 1 Administrative)
- 1 Staff member who perform Screening for Risk of Victimization and Abusiveness
- 0 Staff who supervise offenders in Administrative Segregated.
  - There is no Administrative Segregation at the Warm Springs Correctional Center.

- 2 Sexual Abuse Incident Review Team Members
- 2 Person Responsible for Monitoring Retaliation
- 2 First Responders, both security staff members
- 1 Staff who conduct Intake Screening
- 1 Person Responsible for Institutional Contractor and Volunteer Clearances
- 1 Grievance/Appeals Coordinator
- 1 staff member that oversees the Warm Springs Correctional Center's Training Department

**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 both shifts. Audit team members were escorted to various locations or a centralized office where identified staff members were located for the interviews. The interviews were conducted individually and in private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the Prison Rape Elimination Act interview protocols for random staff and recorded the answers by hand.

Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 15 on-site formal random staff interviews and 15 informal random interviews, were conducted from all categories of staff from all five shifts.

During the on-site tour, auditors would stop, speak to staff (Informal interviews) in all categories, and ask two to three questions about Prison Rape Elimination Act issues to include, training, actions taken, response, communications, etc. These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process.

**Random Offender Interviews:** The auditor determined that at least two or more offenders from each of the four-housing unit would be interviewed. 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 various age groups, ethnicities and races, from their assigned housing units.

Audit team members were escorted to a centralized office where the identified offenders were made available to participate in the interview in a private interview room/office. During our on-site tour, auditors would stop, speak to numerous offenders in all categories, (Informal interviews) and ask two to three questions about Prison Rape Elimination Act issues to include, training, actions taken, response, communications, etc. These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process.

A total of 15 formal and 20 informal random offender interviews were conducted from offenders living in each of the various housing units. There was a total of 585 offenders housed at the Warm Springs Correctional Center.

**Prison Rape Elimination Act-Targeted Offender Interviews:** Audit team members were assigned responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific Prison Rape Elimination Act standards.

Targeted Offender Interviews: Using the lists of targeted offenders, received from the Prison Rape Elimination Act Compliance Manager, audit team members were escorted to a centralized office to perform interviews from the required categories.

These nine categories are:

- 1 out of 1 Physical Disabled offender were interviewed
- 2 out of 6 Disabled Offenders were interviewed (Hearing, Vision & Mobility)
- 2 out of 5 Limited English Proficient Offenders were interviewed
- 2 out of 7 Cognitive Disability offenders were interviewed.
- 2 out of 2 Gay & Bisexual Offenders were interviewed
- 0 out of 0 Transgender & Intersex Offenders were interviewed
  - There were no identified Transgender or Intersex offenders during the on-site audit
- 0 Offenders in Segregated Housing for Risk of Sexual Victimization.
  - There is no Administrative Segregation at the Warm Springs Correctional Center.
- 3 out of 3 Offenders who Reported Sexual Abuse were interviewed
- 4 out of 4 Offenders who Disclosed Sexual Victimization during Risk Screening were interviewed

Audit team members selected offenders from the list received from the Prison Rape Elimination Act Compliance Manager. Each offender's housing location was determined from the alphabetical roster and audit team members were either escorted to the offender's housing unit or provided a centralized private office for interviews.

The offenders were escorted to where the auditor was located. The auditor would tell the offender why they were at this institution, what their role was in the Prison Rape Elimination Act Audit process and explain why the interviews were being conducted. The auditors would also explain that the offender's participation, although helpful, is voluntary and they could stay or leave at their convenience. The auditor then asked if the offender wanted to participate, and if so, begin to ask the line of questions in the respective interview protocols. Audit team members also conducted additional interviews of the same offender if a random offender interviewee also disclosed information suggesting that one of the above categories of Prison Rape Elimination Act interest applied to them. These additional interviews would be reflected in this report but only counted as one category or the other, but not both.

Document Reviews: The document review process was divided up between both auditors.

### **PREA Allegation Files**

The auditors thoroughly reviewed all information that indicated there were eight allegations of sexual abuse/sexual harassment at the Warm Springs Correctional Center in the past 12 months.

The PREA Compliance Manager provided the audit team with additional information showing that there were eight allegations of sexual abuse/sexual harassment at the Warm Springs Correctional Center in the past 12 months. The Compliance Log, later provided by the PREA Compliance Manager, included areas to log a report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor saw the log book indicating there were eight allegations of sexual abuse/sexual harassment at the Warm Springs Correctional Center in the past 12 months.

There were eight allegation reports to review at the Warm Springs Correctional Center. Staff were informed if an allegation were to occur, to review for completeness/accuracy using a Prison Rape Elimination Act audit investigative records review tool, provided, to record the following information relative to each investigative report:

- Case#/ID
- Date of Incident
- Name(s) of Victim and Abuser (If known)
- Date of Allegation
- Date of Investigation
- Investigating Officer
- Date Report was completed
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment
- Final Disposition-Substantiated, Unsubstantiated or Unfounded
- Is Disposition Justified
- Monitoring required/needed
- Notification Given to Inmate

Auditors also reviewed employee records, employee training records, contractor and volunteer records, offender files, Medical and Mental Health files and reviewed the records maintained through the offender intake process. The auditors collected copies of documents, as necessary.

A thorough review of the Nevada Department of Corrections Policies and Procedures was included in all three phases of the audit: Pre-Audit, On-site portion and the Post-Audit.

### **Employee Files**

20 Employee files were reviewed for completeness/accuracy using a Prison Rape Elimination Act Audit Employee File/Records review tool to record the following information relative to each Employee File:

To include but not limited to;

- Name/Title
- Date of New Hire, if Current Employee or receiving a Promotion
- Volunteer or Contractor
- Administrative Adjudication Checks (3 questions)
- Criminal History
- Five-year Criminal History Check (update)
- PREA Training/Documentation and signed Acknowledgement form
- Every two-year Refresher Course

A review of the various category, staff personnel files, chosen from a list of new employees, employees who were promoted and those who have been at Warm Springs Correctional Center for longer than 12 months, was conducted. All 20 showed they were in full compliance with all Prison Rape Elimination Act related information at the time of initial review. Sporadic additional informational reviews also indicated full compliance. The files were well maintained and easy to read.

### **Employee Training Files**

15 Training files were reviewed for completeness/accuracy using a Prison Rape Elimination Act Audit Employee Files/Records review tool to record the following information relative to each Employee Training File:

To include but not limited to;

- Name/Title
- Date of New Hire, if Current Employee or receiving a Promotion
- Volunteer or Contractor
- PREA Training/Documentation
- Specialized PREA Training
- Medical or Mental Health staff
- Signed Acknowledgement form
- Every two-year Refresher Course

### **Offender Files**

15 Offender files were reviewed for completeness/accuracy using a Prison Rape Elimination Act Audit Inmate Files/Records review tool to record the following information relative to each Offender File:

To include but not limited to;

- Name/Department of Corrections Number
- Date of Admission
- Program Type
- PREA Intake Screening
- Potential Victim, Aggressor and/or part of the LGBTI community
- Follow-ups, if needed, with Medical or Mental Health provider
- PREA information provided at Intake
- Reassessment timelines followed
- PREA Comprehensive Education given and understood

After review, it was found that all 15 offender files, of the offenders currently housed at the Warm Springs Correctional Center, showed they were in full compliance with all Prison Rape Elimination Act related information at the time of initial review. All reviewed files were within timelines and were complete. Sporadic additional informational reviews also indicated full compliance in a large majority of offender files.

Throughout the on-site review, the team and staff had discussion about what was being observed and reviewed and discrepancies that were being identified.

Where the circumstances dictate, the auditors would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standards. Audit team members would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information.

The audit team scheduled a close-out discussion with the Warden, the Nevada Statewide Prison Rape Elimination Act Coordinator, the Warm Springs Correctional Center's Prison Rape Elimination Act Compliance Manager and other team members, on Wednesday, October 30, 2019. During this close-out discussion, Warm Springs Correctional Center staff were provided with an overview of what had been identified as areas of concern during this audit.

### **POST-AUDIT PHASE**

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

Per Prison Rape Elimination Act procedure, starting on August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, certified auditors are required to submit a report to the audited agency within 45 days of completion of an on-site audit.

It is expected that if an auditor determines that a facility does not meet one or more of the standards, this report will be considered an "interim report," triggering a 180-day corrective action period, and the auditor will include in the report recommendations for any required corrective action and shall jointly develop with the agency a corrective action plan to achieve compliance.

The auditor is required to "take necessary and appropriate steps to verify implementation of the corrective action, such as reviewing updated policies and procedures or re-inspecting portions of a facility." At the completion of the corrective action period, the auditor has 30 days to issue a "final report" with final determinations.

Section 115.404 (d) states that, "After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action."

The final report, which is a public document that the agency is required to post on its web site or otherwise make publicly available, should include a summary of the actions taken during the corrective action period to achieve compliance.

If the Warm Springs Correctional Center meets all of the Standards, without the need for a Corrective Action Plan, the final report must be submitted to the facility by December 14, 2019.

The Warm Springs Correctional Center's Prison Rape Elimination Act Compliance Manager and I agreed that any documents not received during the pre-audit phase or on-site review would be requested via email and provided, to me, via email, by the PREA Compliance Manager.

Audit team members documented all clarification questions, missing information, and requests for additional documentation, etc. to follow-up with the Prison Rape Elimination Act Compliance Manager and sent the first request, through email, on November 5, 2019.

As completion documents were submitted, I continually updated the requested information report so both the facility and I knew what was still required. During these times, there were multiple telephone calls to and from the Prison Rape Elimination Act Compliance Manager and myself.

After numerous emails and telephone calls, all completed information that was requested for the Interim Report was returned to me, via email, by December 5, 2019.

Most of the concerns, which the audit team had addressed during the pre-audit, on-site audit, exit interview and post-audit with the Warm Springs Correctional Center Administrative Staff, were addressed, documented and work had begun on the items listed by October 31, 2019. The documents provided were reviewed for completeness and to verify that they meet the requirements per Prison Rape Elimination Act Standards. This report was written to include any corrective actions that took place to correct any listed deficiencies plus any additional item that required additional monitoring and updates.

A copy of this Interim Report document was forwarded to the Nevada Department of Correction's Statewide PREA Coordinator, the Warm Springs Correctional Center's Warden and the Warm Springs Correctional Center's PREA Compliance Manager on Saturday, December 7, 2019.

Audit Section of the Compliance Tool: The auditor reviewed on-site document review notes, staff and offender interview notes and site review notes and began the process of completing the Audit section of the compliance tool. The auditor used the Audit section of the Prison Rape Elimination Act Compliance Tool as a guide to determine which question(s) in which interview guide(s), which on-site 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 appropriate “yes” or “no” boxes on the compliance tool for each applicable Sub-Section of each standard, the auditors completed the “Overall Determination” section at the end of the standard indicating whether the facility’s policy, procedure and practice exceeds, meets or does not meet standard.

Where the auditor found the facilities policies, procedures and practice 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.

## 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.*

Carson City, Nevada, officially the Consolidated Municipality of Carson City, is an independent city in and the capital of the United States’ state of Nevada, named after the mountain man Kit Carson. As of the 2010 census, the population was 55,274. The majority of the town’s population lives in Eagle Valley, on the eastern edge of the Carson Range, a branch of the Sierra Nevada, about 30 miles south of Reno.

The town began as a stopover for California-bound emigrants, but developed into a city with the Comstock Lode, a silver strike in the mountains to the northeast. The city has served as Nevada’s capital since statehood in 1864; for much of its history it was a hub for the Virginia and Truckee Railroad, although the tracks were removed in 1950. Before 1969, Carson City was the county seat of Ormsby County. The county was abolished that year, and its territory merged with Carson City. With the consolidation, the city limits extend west across the Sierra Nevada to the California state line in the middle of Lake Tahoe.

The Warm Springs Correctional Center, located at 3301 East 5<sup>th</sup> Street, Carson City, Nevada, was originally opened as the Nevada Women’s Correctional Center. It was converted to a medium security men’s prison in 1998, and, after several construction projects and custody level changes, the completion of these projects in July 1998 brought the budgeted capacity of the Warm Springs Correctional Center from 260 to 510 inmates. In July 2008, Warm Springs Correctional Center was converted back to a men’s medium custody institution.

The Warm Springs Correctional Center provides program opportunities including literacy training, high school, adult basic education, vocational training, community college, addiction recovery, the STOP program for sexual offenders, street readiness programs, and a variety of socialization programs offered by the out-patient psychology division. They also accommodate a variety of religious services through a very active chapel, which includes music and choir.

Within the Warm Springs Correctional Center, the Carson City School District offers a high school diploma and adult basic education, in addition to literacy and English as a Second Language through its teaching staff. Vocational training includes culinary arts and computer science.



Warm Springs Correctional Center also has the 'PUPS on Parole' program. This program pairs qualified inmates with specific dogs from the Nevada Humane Society. The overall goal is to help dogs that have behavioral challenges receive training and behavior modification so they can be placed up for adoption. Timeline varies on each dog. Inmates and dogs that are part of PUPS on Parole program have special living arrangements, an outdoor play yard, and work with others in the program to complete a win-win for everyone involved. Both dogs and humans receive enrichment and the reward of a better life in the future.

The Warm Springs Correctional Center is staffed with:

1 Warden  
1 Associate Warden  
5 Correctional Lieutenants  
7 Correctional Sergeants  
7 Senior Correctional Officers  
83 Correctional Officers  
4 Correctional Case Workers  
3 Food Service Workers  
4 Craftsmen  
2 Retail Storekeepers  
1 Recreational Coach  
1 Director of Nursing  
9 Nurses  
.5-time Dentist

The facility consists of the following housing plan:

- Housing Unit 1, Section A, a General Population unit, has a maximum capacity of 84 offenders.
- Housing Unit 1, Section B, a General Population unit, has a maximum capacity of 63 offenders.
- Housing Unit 2, Section A, a General Population unit, has a maximum capacity of 36 offenders.
- Housing Unit 2, Section B, a General Population unit, has a maximum capacity of 36 offenders.
- Housing Unit 2, Section C, a General Population unit, has a maximum capacity of 36 offenders.
- Housing Unit 4A, a General Population unit, has a maximum capacity of 168 offenders.
- Housing Unit 4B, a General Population unit, has a maximum capacity of 168 offenders.

The Warm Springs Correctional Center currently houses 585 offenders in the following racial/ethnic composition:

- There are 332 (58%) White offenders
- There are 153 (27%) Black offenders
- There are 63 (11%) Hispanic offenders
- There are 37 Listed as Others (American Indian, Cuban, Asian & Unknown)

There is a staff controlled gated-area in which all staff and visitors must pass through to enter or exit the fenced facility. Staff and Visitors cannot bring any unauthorized items (contraband), to include cellular telephones, into the facility, without written authorization.

Within the audit, the Operational Plans (OP) and Administrative Regulations (AR) are listed as follows:

- OP 121 Incident Reporting and Notification
- OP 325 Minimum Staffing
- OP 326 Posting of Shifts/Overtime
- OP 421 Custodial Sexual Misconduct, Inmate Sexual Offences and PREA
- OP421.1 Sexual Assault Response and Coordinated Response
- OP 421.2 Inmate Sexual Abuse Incident Reviews and Protection Against Retaliation
- OP 422 Search & Seizure Procedures
- OP 458 Evidence/Contraband Collection, Storage & Disposal
- OP 494 Evaluation, Placement, and Treatment of Transgender and/or Intersex Offenders
- OP 502 Youthful Offenders
- OP 504 Processing of Offenders received at LCC Reception Area
- OP 507 Administrative Segregation
- OP 511 Inmate Orientation
- OP 573 PREA Screening and Classification
- OP 609 Medical standards for PREA Allegations
- OP 707 Disciplinary Process
- OP 740 Inmate Grievance Procedure
- AR 212 Contracts
- AR 300 Recruitment and Hiring
- AR 308 Department Staff and Applicant Records
- AR 326 Posting of Shifts/Overtime
- AR 339 Employee Code of Conduct
- AR 360 Correctional Employee/Officer Basic Training Program
- AR 400 General Security/Supervision Guidelines
- AR 421 Custodial Sexual Misconduct
- AR 457 Investigations
- AR 643 Mental Health Services
- AR 707 Inmate Disciplinary Procedure

## 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: 0

### Standards Met

Number of Standards Met: 45

### Standards Not Met

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

## Summary of Corrective Action (if any)

The on-site portion of the audit was a consistent paced review of all areas of the camp. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff went above and beyond, regarding seeing to the needs of the auditors and the continued hospitality.

The audit of this institution went very well. Warm Springs Correctional Center staff and offenders were very helpful and responsive to the needs of the auditors and any concerns that were expressed, in the pre-audit, on-site portion and post-audit process. The audit team wish to thank the Warden of Warm Springs Correctional Center, the Statewide Prison Rape Elimination Act Coordinator, Warm Springs Correctional Center's Prison Rape Elimination Act Compliance Manager and the entire staff for all their assistance because it simplified the process that needed to be completed.

Overall, it is evident that staff at the Warm Springs Correctional Center has been working toward continual compliance with the Prison Rape Elimination Act standards. It is also apparent that staff understand the Prison Rape Elimination Act Standards, as several items identified were quickly fixed or a process was already put into place to meet compliance.

Due to their hard work and dedication to achieving sexual safety for the offenders, the facility was in full compliance with a majority, 40 out of 45, of all the standards and provisions at the beginning of the Corrective Action Period phase of this audit process.

Some of the positives observed by the audit team included:

- The audit team was impressed with the overall knowledge and understanding, to include all Prison Rape Elimination Act standards that the Warden, PREA Statewide Coordinator and Warm Springs Correctional Center's PREA Compliance Manager possess. All documentation requested, was provided quickly and accurately.
- The information provided by the offender population indicates they understand their rights to be free from sexual abuse and explained to the auditors how they would report an allegation. Every offender interviewed, stated they could either freely speak to staff or knew the contact information to outside sources, about Prison Rape Elimination Act issues, at any time.
- The facility was extremely clean and well maintained. It showed that staff and offenders took pride in their respective areas.

Prior to the completion of the Interim Report, the Warm Springs Correctional Center staff provided proof of compliance for Standards 115.13, 115.15, 115.33 & 115.86. Warm Springs Correctional Center staff e-mailed several pictures, memorandums and written clarification letters to show this compliance. Each section, listed below, indicates how proof of practice/compliance was achieved.

Areas of concern, that were brought into compliance during the on-site audit visit or Interim Period of the audit process include:

### 115.13 Supervision and Monitoring

- **Concern:** Several Janitor Closets, as well as, staff and offender restroom doors had lockable doors but had been left unsecured or locked open.

**Update:** On November 14, 2019, I received the completed Operational Plans 400 and 700, dated October 30, 2019, that were authored and signed by the Deputy Director of the Nevada DOC. These Operational plans indicate process and procedures to mitigate these types of concerns. I also received an email from the PREA Compliance Manager with photographs and a memorandum, authored and signed by the Warden, showing how compliance to this provision was achieved.

- **Concern:** In the main Kitchen, the freezer area is in a blind spot and, according to staff and offenders, normally left unsecured throughout the day so the inmates can access the products.

**Update:** On November 14, 2019, I received an email from the PREA Compliance Manager with photographs and a memorandum, authored and signed by the Warden, showing how compliance to this provision was achieved.

- **Concern:** The laundry door, within the Culinary Arts classroom, has a lock on the inside of a solid door that creates a blind spot on a regular basis.

**Update:** On November 17, 2019, I received an email from the PREA Compliance Manager with photographs and a memorandum, authored and signed by the Warden, showing how compliance to this provision was achieved.

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

- **Concern:** The restroom door within the education classroom that does not stay closed when occupied exposing the offender to cross gender viewing.

**Update:** On November 25, 2019, I received an email from the PREA Compliance Manager with photographs and a memorandum, authored and signed by the Warden, showing how compliance to this provision was achieved.

### 115.33 Inmate Education

- **Concern:** During offender education file reviews, auditors found 20%, of the 15 files reviewed, did not have the education documents needed, to be in compliance, in the file.

**Update:** On November 15, 2019, I received an email from the PREA Compliance Manager with offender statistical data, signed acknowledgement sheets and a memorandum, authored and signed by the Warden, showing how compliance to this provision was achieved.

### 115.86 Sexual Abuse Incident Review

- **Concern:** During the review of the Sexual Abuse Incident Committee Review's indicated that the Standard had not been fully met as it pertains to information required in the most recent review.

**Update:** On November 17, 2019, I received an email, from the PREA Compliance Manager, with the entire Sexual Abuse Incident Review Committee packet and memorandums, authored by the Warden, showing completeness and how compliance to this Standard was achieved

Areas of concern that were brought into compliance during the Corrective Action Period of the audit process include:

#### **115.31 Employee Training**

- **Concern:** During interviews, most staff did not fully understand the 'Request a Victim and Ensure a Suspect' aspect of First Responder duties as it pertains to Standard 115.64 (3 & 4).
- **Update:** On December 11, 2019, I received an email, from the PREA Compliance Manager, with signed acknowledgement forms, tracking sheets, the updated PowerPoint training and a memorandum, authored by the PREA Compliance Manager, showing training completeness and how compliance to this Standard was achieved.

#### **115.41 Screening for risk of victimization and abusiveness**

- **Concern:** Operational Plans 494, Evaluation, Placement, and Treatment of Transgender and/or Intersex Offenders and 573, PREA Screening and Classification, dealing with Transgender offenders during screening needed some updating to be in full compliance. Additionally, during custody offender file reviews, half of the 15 files reviewed, did not indicate/document that the '30-days from arrival' reviews were completed. Timelines are not met in a consistent manner.
- **Update:** On February 3, 2020, I received an email, from the PREA Compliance Manager, with offender timeline tracking sheets and a memorandum, authored by the PREA Compliance Manager, showing how all offenders files have been reviewed. If any were out of compliance during that review, reviews were conducted and documented. This showed how this portion was brought into compliance. On March 23, 2020, the case by case review committee met and forwarded me the contents of the Transgender and/or Intersex review meeting, via email, showing how it brings the updated Operational Plans into compliance with this Standard.

#### **115.42 Use of Screening information**

- **Concern:** Operational Plans 494, Evaluation, Placement, and Treatment of Transgender and/or Intersex Offenders and 573, PREA Screening and Classification, dealing with Transgender offenders during screening needed some updating to be in full compliance.
- **Update:** On March 9, 2020, I received the updated and signed Operational plans, listed above, from the Statewide PREA Coordinator. She indicated that the Transgender-Intersex Review Committee forms were completed and they would be meeting in this next week. On March 23, 2020, the case by case review committee met and forwarded me the contents of that meeting, via email, showing how it brings them into compliance with this Standard.

#### **115.64 Staff First Responder duties**

- **Concern:** During the staff training file reviews and interviews, a majority indicated that, during an initial allegation report, staff would ensure, instead of request, that the victim would not shower or toilet.
- **Update:** On December 11, 2019, I received an email, from the PREA Compliance Manager, with signed acknowledgement forms, tracking sheets, the updated PowerPoint training and a memorandum, authored by the PREA Compliance manager, showing training completeness and how compliance to this Standard was achieved.

### 115.81 Medical and Mental Health screening; history of sexual abuse

- **Concern:** During intake screening reviews, it was shown that some 14-day reviews, 30-day tracking reviews and four out of five referrals were shown completed but documentation could not be readily found. The current process is a manual input process and items are placed in different areas.
- **Update:** On February 3, 2020, I received an email, from the PREA Compliance Manager, with offender intake information and updated tracking reviews during the months of November and December 2019 and January 2020 and a memorandum, authored by the PREA Compliance Manager, showing how all previous offenders files had been reviewed. If any were out of compliance during that review, reviews were conducted and documented. This showed how this portion was brought into compliance.

## 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.*

### **Evidence Reviewed (documents interviews, site review)**

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Director
  - Warden
  - PREA Coordinator
  - PREA Compliance Manager

Nevada Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and PREA policy establishes that the agency has a zero tolerance toward sexual misconduct and sexual harassment; and includes sanctions for those who violate the zero-tolerance policy. The policy further outlines implementation of the agency's approach to prevent, detect, and respond to sexual abuse and sexual harassment. The 11-page policy provides definitions of prohibited behaviors and a description of agency strategy and response to reduce and prevent sexual abuse and harassment of offenders. In many cases the policy mirrors the language contained in the PREA Federal Standards. This AR serves as the agency's implementation plan for PREA. Further, policy states that the Warden at each institution is responsible to designate a PREA Compliance Manager, with sufficient time and authority to coordinate the institution/facility's compliance with the PREA standards. The PREA Compliance Manager will report directly to the Institutional Warden and will facilitate the development of the confidential institution/facility PREA operational policies. Finally, the Warden and PREA Compliance Manager will oversee adherence to each specific PREA related rules, regulations and practices at the institution/facility and document accordingly any need for adjustment and the implementation of adjusted policy, rule and practice.

Operational Procedure 421, Prison Rape Elimination Act Section #1 reads: Warm Springs Correctional Center 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. Any staff member/contractor/volunteer who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be subject to disciplinary action and may also be subject to criminal prosecution. The Warm Springs Correctional Center) shall

take a proactive approach regarding the prevention, detection, response and punishment of any type of sexual contact.

Administrative Regulation 339, effective August 30, 2017, Employee Code of Ethics and Conduct, Corrective or Disciplinary Action, and Prohibitions and Penalties, includes definitions and disciplinary sanctions for sexual abuse and harassment up to and including dismissal. The 25-page policy speaks to a disciplinary sanction dismissal (class 5), for sexual abuse and failure to report. It also includes sanctions for sexual harassment ranging from verbal counseling (class 1) to dismissal (class 5).

I reviewed, for compliance, the organization charts for the Agency, the Inspector General and the Warm Springs Correctional Center. All of them met the Standard.

The mission statement for the agency is: The Nevada Department of Corrections will improve public safety by ensuring a safe and humane environment that incorporates proven rehabilitation initiatives that prepare individuals for successful reintegration into our communities.

The Nevada Department of Corrections PREA policy mandates the assignment of the facility Prison Rape Elimination Act Compliance Manager. Through memorandum and the facility's organizational chart, it was shown that Jackson Hardy is currently assigned to the role of Prison Rape Elimination Act Compliance Manager at the Warm Springs Correctional Center.

Warm Springs Correctional Center's Prison Rape Elimination Act Compliance Manager is Jackson Hardy, Correctional Lieutenant. Mr. Hardy has been assigned as the PREA Compliance Manager at the Warm Springs Correctional Center since June of 2017. Mr. Hardy reports directly to the Warden. According to Mr. Hardy, he feels that he has sufficient time to coordinate the facility's efforts to comply with PREA. The Warden and his administrative staff appear committed to ensuring the Warm Springs Correctional Center's commitment to preventing, detecting, responding to and reporting sexual abuse of inmates.

During the Pre-audit, On-site audit and Post-Audit process, Mr. Hardy was very involved in providing communications and documentation in assisting the Audit team. Mr. Hardy provided knowledge of how the Warm Springs Correctional Center is working toward prevention, detection and responding to all aspects of Prison Rape Elimination Act. Once reviewed, any questions or concerns during the audit process were responded to with factual answers and/or documentation.

During the offender interviews, the offenders knew Mr. Hardy by name or title and were aware of his role as the Prison Rape Elimination Act Compliance Manager. The offenders also stated they could talk to and request information directly to Mr. Hardy with quick responses.

Two offenders that identify in the Gay or Bi-sexual, categories, stated that they have knew who the PREA Compliance Manger was but did not have a need to speak to him directly while they were at the facility.

During interviews, the Acting Director of the Nevada Department of Corrections and Warm Springs Correctional Center's Warden confirmed the agency's commitment to achieving Prison Rape Elimination Act certification and the agency's zero tolerance policy.

The staff at the Warm Springs Correctional Center look to Mr. Hardy and Ms. Striplin to provide direction regarding Prison Rape Elimination Act compliance.

During interviews with staff and offenders, it was clear that Mr. Hardy provides training, information and guidance to staff and the offender population concerning Prison Rape Elimination Act Standards on a regular basis.



**Corrective Action:** No corrective action was required for this standard.

## 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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Agency Contract Administrator

Nevada Department of Corrections requires that all agencies and organizations that house offenders of the Nevada Department of Corrections are made aware of the Department's policy on zero tolerance of sexual abuse and sexual harassment. During inspections of any facility that houses Nevada Department of Corrections offenders, the Inspector General is required to ensure the agency or organization has a mechanism in place to address sexual abuse and sexual harassment. This section of the policy also requires that when a new contract is being prepared with agencies/organizations that house offenders of the Nevada Department of Corrections, a provision shall be included to ensure that the agency/organization maintains a zero tolerance for sexual abuse/harassment and has a mechanism in place to address allegations of sexual abuse or sexual harassment.

Nevada Department of Corrections entered a contract with CoreCivics to house 100 Nevada Department of Corrections inmates in October 2017. This contract was amended to extend the end date of the contract to June 30, 2021. This is the first contract that Nevada Department of Corrections has had with an outside entity to house their inmates in recent years. A review of the contract language 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, the Saguaro Correctional Center, in Elroy, Arizona, passed its most recent audit on December 6, 2017.

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

During an interview with Warm Springs Correctional Center's Warden, he stated that contracts for the confinement of offenders are enacted at an Agency/Department level and no staff, including himself, at the Warm Springs Correctional Center, were directly in charge of monitoring or responsible for any aspect of those contracts. The Warden also stated that if any contracts for the confinement of offenders that he controlled, were to be put into place in the future, all required language would be in compliance with the Prison Rape Elimination Act Standard.

During an interview with the Agency Contract Administrator, he stated that the Nevada Department of Corrections has contracted with one private agencies or other entities during this audit timeframe, for the confinement of offenders. All contracts were provided electronically in their entirety. The Agency Contract Administrator also stated the contracts are drafted, reviewed and finalized by staff at the Agency level. Finally, the Agency Contract Administrator stated that documented reviews, reports and all self-audits, for the compliance of all Prison Rape Elimination Act Standards, which Nevada Department of Corrections staff attend, are forwarded to him.

**Corrective Action:** No corrective action was required for this standard.

## 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?  Yes  No

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

### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### 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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Director
  - Warden
  - PREA Compliance Manager

- Intermediate or Higher-Level Facility Staff
- Observations of supervision ratios during our on-site review rounds

The facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring:

1. *Generally accepted detention and correctional practices?*  Yes  No
2. *Any judicial findings of inadequacy?*  Yes  No
3. *Any findings of inadequacy from Federal investigative agencies?*  Yes  No
4. *Any findings of inadequacy from internal or external oversight bodies?*  Yes  No
5. *All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?*  Yes  No
6. *The composition of the inmate population?*  Yes  No
7. *The number and placement of supervisory staff?*  Yes  No
8. *Institution programs occurring on a particular shift?*  Yes  No
9. *Any applicable State or local laws, regulations, or standards?*  Yes  No
10. *The prevalence of substantiated and unsubstantiated incidents of sexual abuse?*  Yes  No
11. *Any other relevant factors?*  Yes  No

All criteria identified in this standard are addressed in the Warm Springs Correctional Center's 2018 Calendar Year staffing plan, dated July 26, 2019. This seven-page document is also addressed in the following policy documents:

AR 326, Posting of Shifts/Overtime, outlines the staffing requirements for each institution. It charges the Warden/Facility Manager with the responsibility to ensure there is sufficient staff on duty to safely operate the institution or facility.

OP 325, Minimum staffing, under PREA states:

- The Warm Springs Correctional Center has developed this staffing plan to provide for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse.
- In calculating the staffing levels and determining the need for video monitoring the Warm Springs Correctional Center takes into consideration: generally accepted detention and correctional practices, judicial findings of inadequacy, and findings of inadequacy from Federal investigative agencies, and findings of inadequacy from internal or external oversight bodies, all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated), composition of the inmate population, number and placement of supervisory staff, programs occurring on a particular shift, applicable State or local laws, regulations, or standards, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors.
- At least once a year, in consultation with the PREA Coordinator, the Warm Springs Correctional Center shall assess, determine, and document whether adjustments are needed to the staffing plan, deployment of video monitoring systems and other monitoring technologies, and resources the facility has available to ensure adherence to the staffing plan.

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 above listed 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. The Warden also stated that he may change the location and placement of staff based on new programs being added, change in mission for the institution, a number of assaults in certain areas of the facility or recommendations from the PREA committee. Additionally, he may request additional position authority if there appears to be insufficient staff to operate the institution safely.

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 Nevada Offender Tracking Information System.

A review of the 2018 staffing plan demonstrates that it was shared with the Statewide PREA Coordinator. During her interview, the Statewide PREA Coordinator confirmed that she reviews the staffing plan.

Supervisory staff make random unannounced rounds through the housing units several times a day on all different shifts. These rounds are documented in the log books maintained in the housing units. Each housing unit log was review by the audit team. Documentation in the log book demonstrated that supervisors and managers complete tours of the housing units routinely, during random times. During the interviews with supervisory staff they noted that they conduct unannounced rounds. They stated that they attempt to prevent staff from alerting other staff by not disclosing where they are going next and changing their movement patters. Random staff interviews revealed that supervisors' complete tours of their housing units at different times and that they document these in the log.

### 115.13 Supervision and Monitoring

- **Concern:** Several Janitor Closets, as well as, staff and offender restroom doors had lockable doors but had been left unsecured or locked open.

**Update:** On November 14, 2019, I received the completed Operational Plans 400 and 700, dated October 30, 2019, that were authored and signed by the Deputy Director of the Nevada DOC. These Operational plans indicate process and procedures to mitigate these types of concerns. I also received an email from the PREA Compliance Manager with photographs and a memorandum, authored and signed by the Warden, showing how compliance to this provision was achieved.

- **Concern:** In the main Kitchen, the freezer area is in a blind spot and, according to staff and offenders, normally left unsecured throughout the day so the inmates can access the products.

**Update:** On November 14, 2019, I received an email from the PREA Compliance Manager with photographs and a memorandum, authored and signed by the Warden, showing how compliance to this provision was achieved.

- **Concern:** The laundry door, within the Culinary Arts classroom, has a lock on the inside of a solid door that creates a blind spot on a regular basis.

**Update:** On November 17, 2019, I received an email from the PREA Compliance Manager with photographs and a memorandum, authored and signed by the Warden, showing how compliance to this provision was achieved.

**Corrective Action:** No further corrective action was required for this standard.

## 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.

### **Evidence Reviewed (documents interviews, site review)**

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Warden
  - PREA Compliance Manager

Nevada Department of Corrections 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.

At the time of the on-site audit, the Warm Springs Correctional Center did not house any youthful offenders. According to the Warden and the PREA Compliance Manager, they have not housed any in the past few years. Currently any minors that get sentenced as an adult in Nevada go straight to another Nevada Department of Corrections facility, currently, Lovelock Correctional Center in Lovelock, Nevada.

Consistent with information reported, auditors observed no youthful inmates throughout the on-site visit. This standard for the Warm Springs Correctional Center is met because they do not house inmates under the age of 18.

During interviews with the Warm Springs Correctional Center's Warden and Prison Rape Elimination Act Compliance Manager, it was stated that the Warm Springs Correctional Center does not housed Youthful offenders and had not, at any time, during the past 12-months.

Additionally, during tours and offender reviews, there were no indications that Youthful offenders were ever housed at the Warm Springs Correctional Center during this audit period.

**Corrective Action:** No corrective action was required for this standard.

## **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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Staff Roster
- Offender Roster
- Interviews with the following:
  - Random Staff
  - Random Offenders
  - Offenders who identify as Gay or Bisexual
- Observations of announcements being made by staff during our on-site review rounds

AR 492 – Inmate Body Cavity Searches for Contraband states: Any search of an inmate's body cavity will be in a manner consistent with compliance to PREA and any applicable standards. Any physical intrusion into an inmate's body cavity must be performed by a physician or other mid-level practitioner not employed by the Nevada Department of Corrections.

OP 521, Inmate Housing Assignments (updated 8/13/18), states in Section 4, PREA Implications: During unclothed and clothed body searches, for all inmate movement, the following steps are to be followed:

- Staff shall not conduct cross-gender unclothed body searches or cross-gender visual body cavity searches (meaning searches of the anal opening) except in exigent circumstances or when performed by medical practitioners.
- Staff shall document all cross-gender unclothed body searches and cross-gender visual body cavity searches.
- Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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.

- Staff shall be trained on how to conduct cross-gender clothed body searches and searches of transgender and intersex inmates. All body searches shall be conducted in a professional and respectful manner and in the least intrusive manner possible, consistent with security protocol.
- Inmates shall shower, perform bodily functions, and change clothing without staff of the opposite gender viewing the breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks or being conducted by a medical practitioner.

OP 421 states: The presence of female staff members shall be announced every time they enter an inmate housing unit or unit control room. This will be done by the control room officer by utilizing the unit intercom system. The female staff member will only announce their presence when no custody staff is present. This notification is to be documented by entering a PREA-Female Entering a Male Housing Unit entry in the Daily Shift Log in NOTIS and an entry in the visitor record log. The female staff member shall not enter the unit until announcement has been made.

The training curricula, along with the 42-slide PowerPoint presentation, for clothed body searches was provided and reviewed by the auditor. The curriculum provides details of how to perform a universal body search. It also addresses the expectation of being professional and respectful during these searches. Clothed body search training is done in the academy and was completed again by all security staff assigned to the Warm Springs Correctional Center during the 2018-2019 calendar year.

Staff shall document all cross-gender searches, if any, of adult female and juvenile offenders by completing and submitting an Incident Report to the Custody Supervisor or designee.

All offenders shall be afforded the ability to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in emergency circumstances or when such viewing is incidental to routine security rounds and cell checks.

All staff of the opposite gender (female staff in a male facility or male staff in a female facility) shall announce their presence when entering an offender housing unit or bathroom area.

Custody staff shall announce their presence to the offender population in the housing unit in which they are assigned, at the beginning of their duty shift or when the status quo changes. This announcement must be clear and done so in a manner that ensures all offenders in the unit were given reasonable notice of opposite gender staff being present. This was seen and heard during our on-site tours.

These procedures are taught in the In-Service Training in the above Lesson Plan and PowerPoint.

The pre-audit questionnaire reported no incidents of cross gender strip or body cavity searches in the last 12 months.

During the interviews with the Warden and the PREA Compliance Manager, they stated there were no incidents of cross gender strip searches in the past 12 months.

Auditors reviewed 12 months' worth of the following:

- Cross Gender Search Logs
- Opposite Gender Announcement Weekly Forms from each Housing Unit
- Staff Inservice Training Logs on How to conduct cross gender pat downs, if needed.

During the tour, the escorting staff made the opposite gender announcement when the auditor entered the living areas of each wing.

Of the 15 formal offenders interviewed, all reported that they were able to toilet, shower and change clothes outside the direct view of staff of the opposite gender viewing them. The offenders explained areas such as doors within the cell area and curtains covering the shower areas prevent staff from seeing their genitalia. The offenders reported hearing opposite gender staff announce their presence when entering the housing unit.

There were 15 formal staff questioned about cross gender search practices. All staff reported that cross gender strip searches or cross gender body cavity searches do not occur at this facility and they had not heard of any recent time that it occurred.

All staff interviewed reported that opposite gender staff announcements are made when entering the housing units. Further, staff indicated that cross gender search techniques are taught in training but no staff member had performed a cross gender search that they could remember, during this audit period.

#### **115.15 Limits to cross-gender viewing and searches**

- **Concern:** The restroom door within the education classroom that does not stay closed when occupied exposing the offender to cross gender viewing.

**Update:** On November 25, 2019, I received an email from the PREA Compliance Manager with photographs and a memorandum, authored and signed by the Warden, showing how compliance to this provision was achieved.

**Corrective Action:** No further corrective action is required for this standard.

### **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.*

## Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Offender Rosters
- Interviews with the following:
  - Director
  - Random Staff
  - Any Offenders who are Deaf, Blind, or hard of Hearing
  - Any Offenders who are Limited English Proficient

OP 421, Custodial Sexual Misconduct, Sexual Offenses, and Prison Rape Elimination Act (PREA), Inmate Education, states: the Warm Springs Correctional Center will provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

The Warm Springs Correctional Center will prohibit the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties, or the investigation of the inmate's allegations. The use of inmate interpreters in these limited circumstances will be documented. Staff interpretation will be conducted within a confidential office and the staff member will be responsible for documenting the interpretation in NOTIS. The interpreting staff member will maintain confidentiality regarding all information that was interpreted.

The Warm Springs Correctional Center has contracted with Language Link to provide both spoken interpretation and written translation services.

AR 658, Hearing Impaired Inmates, describes the process to be utilized to provide assistance to inmates who are hearing impaired.

The Language Link Translation Services contracts were provided to the auditor. Both were reviewed and were in effect at the time of the on-site portion of the audit.

There was no intake scheduled while we were on-site. Written materials, in English and Spanish, were posted in various locations around the facility. These materials explain the zero-tolerance policy and the different ways to report. Also, the Offender Orientation Handbook, which is issued to the inmate upon arrival at the Warm Springs Correctional Center, was reviewed and was determined to provide the inmate population with PREA information to include the PREA video transcript.

The auditor was provided with a memorandum from the acting Warden which stated that the Warm Springs Correctional Center did not use any inmate interpreters, readers, or assistants when reporting a PREA related concern, during the 12-month audit time frame.

The Sexual Abuse Prevention policy states that the presentation of this information shall be in a manner that is easily understandable to the offenders. Staff shall determine if an offender is in need of accommodations by reviewing the offender's mental health, education and classification records in addition to interviewing the offender. Offenders with English language proficiency issues or disabilities (i.e. hearing or visual impairment, mental health or learning disabilities) shall be provided assistance to ensure effective communication of the Department's Sexual Abuse Prevention policy and procedures for reporting abusive sexual behavior. This may involve staff reading the policy and procedure to the offender or utilizing an interpreter. Offenders shall not be used as interpreters or readers unless there would be an extended delay in obtaining an effective interpreter that could compromise the offender's safety, the performance of first responders, or the investigation of the offender's allegations.

Policy also states that offenders with disabilities and offenders who are limited English proficient shall have access to all aspects of the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

Written documents, to include the Prison Rape Elimination Act brochures and posters are provided in English and Spanish to the offender population. During the tour, it was noted that Prison Rape Elimination Act posters and Victim Advocate memorandums were prominently displayed in areas in both English and Spanish. Additionally, the telephone numbers to a Victim Advocate and to a reporting line are posted on the walls near the offender accessible telephone. The information provided, which is in English and Spanish languages, is that the calls are not recorded, not monitored and are free of charge.

The auditors reviewed the current contract of Language Link, that provides telephonic interpretive Services to the offender population of the Warm Springs Correctional Center. The current contract has 24 hour/7 days a week services available for the offender population. Staff will utilize a speaker telephone to call the 877-number, with the offender in the room. The process is posted on the office walls of all custody supervisors. If the offender cannot speak English and wishes to have the Language Link used, they can utilize the "Point to your Language" visual poster to indicate which language they require. This interpreter telephone line can translate English to, up to, 200 other languages.

The auditor also received copies of offender Education Program Acknowledgement Sheets for offenders with disabilities. These forms are signed by the staff member showing they explained everything it a way it could be understood. The offender signed stating, they understood and the offenders assigned porter who assists in everyday living with the offender with a disability, stating their needed accommodation was met.

While interviewing the Acting Director, he stated that effective communications with all offenders is of utmost importance. The staff at the facilities go the extra mile to ensure offenders with any disabilities is given whatever resources they need to be understood.

During discussion with the Prison Rape Elimination Act Compliance Manager, he shared that PREA brochures are available in braille, for offenders who are able to/needed to read braille. The Prison Rape

Elimination Act Compliance Manager stated the offender handbook is also provided in English and Spanish, and was transcribed into Braille and large print, if needed by an offender. The information given to the offenders is also read to them by staff to make sure they understand what is expected of them.

During the 15 random staff that were interviewed, all knew there was a process of utilizing a telephonic interpreter for interpreter services. All interviewees indicated they would first try to find an on-site staff member to provide translation and, if they could not, they would then contact a supervisor. The supervisory staff interviewed were all aware of the posting that included the phone numbers and the interpreter access process. The telephone numbers for the translator service were posted in the supervisory office. Supervisory staff indicated they knew of the Language Link contact information and which staff could be used as translators. They further stated that they had not needed the services of the Language Line while they have worked at the Warm Springs Correctional Center.

While interviewing intake staff, they explained the process of how they read the Prison Rape Elimination Act policy, and other pertinent information, to offenders who are vision impaired or unable to read or clearly understand English. Intake staff take their jobs as communicators very seriously when dealing with new arriving offenders.

While interviewing the two offenders that were listed as Limited English Proficient (Spanish) they stated that they are able to understand most of the information given to them in English, however, if they did receive information they couldn't understand, they could ask any of the staff. They also stated, although not needed, they were given a copy of the Prison Rape Elimination Act information and other Department of Corrections information, including the Offender handbooks' written in the Spanish language. Finally, they stated that they understand that there are staff interpreters or a specialized phone line but neither of them has needed them since they arrived at the Warm Springs Correctional Center.

A memorandum by the Warm Springs Correctional Center's Warden shared that there are five staff assigned to Warm Springs Correctional Center that are available to translate from English to Spanish and Spanish to English, is so needed.

All 15 random staff interviewed indicated that offender assistance as interpreters would not be used, except in extreme emergencies and only until they have enough information to understand the allegation, when responding to a Prison Rape Elimination Act allegation as this would be deemed confidential. Additionally, the staff indicated they knew that the contact addresses and telephone numbers for translator services were available in all supervisory offices.

**Corrective Action:** No corrective action was required for this standard.

## 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

*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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Pre-Employment Questionnaire for new applicants
- Interviews with the following:
  - Administrative (Human Resources) Staff

- Personnel files for current employees, new employees and employees receiving promotions. AR 212, Contracts, and Administrative Regulation and AR 300, Recruitment and Hiring, were reviewed.

Policy prohibits the hiring or promotion of anyone who may have contact with offenders, who have engaged in the three criteria outlined in standard provision 115.17(a). It also mandates the agency to consider any incidents of sexual harassment in determining whether to hire or promote anyone that may have contact with offenders.

Policy states that a criminal background records check will be completed before hiring staff that may have contact with offenders and best efforts will be made 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. The policy requires a criminal background records check be performed before enlisting the services of any contractor who may have contact with offenders. It requires that all applicants and employees who may have contact with offenders be asked directly about previous sexual misconduct in written applications or interviews for hiring or promotions and in interviews conducted as part of reviews of current employees. Further, it imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. It mandates that material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination and requires the agency to 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.

During interviews and document reviews, the auditor found that the Nevada Department of Corrections will review each hire or promotion for the following:

- Has engaged in sexual abuse in a correctional facility, including prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- 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; or,
- Has been civilly or administratively adjudicated to have engaged in the activities addressed in numbers 1 and 2 above. Additionally, this PAP requires that during the hiring, promotion, demotion or transfer interview, or application process, that perspective candidates be asked about any previous substantiated sexual misconduct or sexual harassment. Omission or false information regarding such misconduct shall be grounds for termination. All persons selected for hiring, promotion, demotion or transfer are subject to a criminal background check, fingerprinting, Sex Offender Registry check and past/present employment verification. Current employees must have a subsequent background check every four years.

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/contractor'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 Nevada Department of Corrections complete a background check before hiring or promoting any staff member. Nevada Department of Corrections uses National Crime Information Center (NCIC) and the Nevada Department of Public Safety, Records, communications and Compliance Division to complete background clearances. Eight 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.

The office of the Inspector General is required to do a biannual audit of random Human Resources files for employees of the Department who were hired in the previous six months to ensure compliance with the required background check. Nevada Department of Corrections 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, seven had been hired or promoted over five years ago. All seven of these employees had a background check completed by the Office of the Inspector General within the past three years.

Nevada Department of Corrections policy requires Human Resources to disclose any substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied for work.

The Warm Springs Correctional Center 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 they 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.

Background Clearance Application Procedure requires that every contractor must have a background check completed prior to entering the facility. Additionally, Administrative Regulations 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.

The Warm Springs Correctional Center 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. They are also 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 Nevada Department of Corrections facilities was provided to this auditor. The three 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.

Policy states that staff shall adhere to the following principles:

- I shall maintain high standards of honesty, integrity and impartiality free from any personal considerations, favoritism or partisan demands in connection with my duties.
- I shall be courteous, considerate and prompt when dealing with the public, realizing that as state employees and employees of the Department, we serve the public.
- I shall maintain mutual respect and professional cooperation in my relationships with other staff of the Department of Correction.
- I shall be firm, fair and consistent in the performance of my duties and shall not allow my personal convictions, beliefs, prejudices, or biases to interfere with my official acts or decisions.

The PREA Coordinator shall research the Sexual Incident Report System for substantiated incidents involving the former employee, accurately complete the form, and return to the institutional/correctional employer.

Completed Reference Checks, Authorization to Release Information, Acknowledgement and Disclosure and Performance and Conduct forms were all provided and reviewed for compliance.

Of the 20 personnel files reviewed by the audit team, all were up to date with the current questions and documentation. The thoroughness of this form captures all Prison Rape Elimination Act related information required.

During the interview with the Warden, he explained that in the event that a contractor, volunteer or an employee is no longer allowed on grounds or access to offenders, due to violation of sexual abuse policy, their name is placed on a statewide 'Do Not Allow' list. This list is reviewed when completing security clearances for new contractors, volunteers or employees and placed at the front security office of each facility.

During the interview with the Supervisor of Human Resources, she stated the facility performs criminal record background checks, on all employees every four years, through the National Crime Information Center, and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with offenders and all employees being considered for promotions.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

### **Instructions for Overall Compliance Determination Narrative**

*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.*

### **Evidence Reviewed (documents interviews, site review)**

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Director
  - Warden
  - PREA Coordinator
  - PREA Compliance Manager
- Observations of physical plant during our on-site review rounds

The Nevada Department of Corrections 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 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.

Each facility shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse.

During an interview with the Warden, he told the auditor that the Warm Springs Correctional Center reviews all previous Prison Rape Elimination Act reports and considers identified blind spots, offender movement or staffing issues in determining, if needed, the placement of cameras. The Warden also stated that the Warm Springs Correctional Center has had some physical upgrade to buildings since the last audit. The Warden also stated that they have had an increase in monitoring equipment in the past 12-months and in brings the camera count up to 33 locations.

During interviews with the Statewide PREA Coordinator, she stated that when any projects where installation or updating of video equipment is anticipated, a case by case review is included in the determination of locations within any facility.

The Institutional PREA Compliance Manager indicated there have been recent modifications/additions to buildings and has been an increase to the video monitoring system. Ongoing reviews occur at an institutional and state level for the possible need to add monitoring equipment.

**Corrective Action:** No corrective action was required for this standard.

## 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 evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### 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.*



## Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Offender Roster
- Interviews with the following:
  - PREA Compliance Manager
  - Random Staff
  - Required SAFE/SANE staff from the Carson-Tahoe Regional Medical Facility, Crisis Support Services of Nevada, located in Carson City, to include their Memorandum of Understanding. After business hours, offenders are taken to the Child Advocacy Center for a forensic exam.
  - Required Victim Advocate staff from the Sexual Assault Support Services, located in, Reno, Nevada to include their Memorandum of Understanding.

Per AR 421, the agency is responsible to conduct both administrative and criminal sexual abuse investigations for incidents of offender on offender and staff sexual misconduct. Policy provides uniform evidence protocol for sexual abuse. The facility ensures that offenders who allege the incident occurred within the last 72 hours are offered a forensic medical examination and if accepted, transported promptly to ensure evidence is not lost.

OP 457, Investigations, guides staff of the process to be utilized when a PREA investigation becomes necessary.

According to the PAQ, in the past 12 months, there were no forensic medical exams conducted.

OP 609, Medical Standards For PREA, requires all services provided for the victim, shall be free of charge regardless whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The current Rape Crisis Center Memorandum of Understanding and posters (English/Spanish) were provided with the PAQ. Posters give contact information and notify inmates of availability of Victim Advocates to accompany and support the victim through the forensic exam and investigatory interviews.

Administrative Regulation 421, states that Nevada Department of Corrections, 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.

Nevada Department of Corrections policies mirror the National Protocol for Sexual Assault Medical Forensic Examinations as set forth by the Office of Violence Against Women. The Warm Springs Correctional Center 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. The Warm Springs Correctional Center utilizes a qualified SAFE/SANE nurse from the community to conduct medical exams and the process is handled, keeping the victim's confidentiality in mind. The policy states that the inmate will be provided medical and emotional support at no cost to the inmate.

Nevada Department of Corrections and the Warm Springs Correctional Center utilize a local hospital's Sexual Assault Nurse Examiner to conduct the forensic exams. Currently the Nevada Department of Corrections has an agreement with Crisis Support Services of Nevada to conduct all forensic exams. The audit team contacted the SAFE/SANE Coordinator with Crisis Support Services of Nevada and confirmed that they would conduct the forensic exams for the Warm Springs Correctional Center, if requested. 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. Crisis Support Services of Nevada 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.

During the interviews with the investigators and the PREA Compliance Manager, 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 12 months.

During formal interviews with 15 formal random staff, when asked about their actions, when notified of a sexual assault, they indicated they would separate the victim and subject (if known). Staff would quickly assess the need for Medical or Mental Health assistance. Then staff would contact their supervisor, initiate evidence protocols by closing off the crime scene area to limit who had access. Further, staff would make sure all available evidence was collected and the offender was offered a SAFE/SANE exam, if warranted. Staff indicated that they begin the process but the investigators from their facility or Headquarters, usually handles the most part of the process.

If requested by the victim, a victim advocate provides assistance and support during the forensic medical examinations through the local court process. Victims are provided with the victim advocate contact information and are given education, mental health referrals, and offered follow-up services.

According to the Pre-Audit Questionnaire, interviews with all involved in the process and document reviews, over the past 12 months, zero forensic medical exams had been required, requested or conducted.

Through telephonic interviews with the Senior Registered Nurse at the Carson-Tahoe Regional Medical Facility and the executive at the Sexual assault Support Services, both are very knowledgeable of Prison Rape Elimination Act Standards and have great communications with the institutions/areas they serve and both departments provided services 24 hours a day 7 days a week.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

### **115.22 (a)**

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### 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.*

#### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Director
  - Investigative Staff

OP 421, Procedures, states: The Warm Springs Correctional Center staff shall ensure that all allegations of sexual abuse and sexual harassment are reported to the Inspector General's Office for the completion of an administrative or criminal investigation.

OP 457 outlines in detail the procedures to be followed when completing a PREA investigation. In addition, AR 421 was provided as informational support for this standard.

A log is maintained by the Inspector General's office of all sexual abuse and sexual harassment allegations and the outcome of each. The 2018 and 2019 logs were provided to the auditor. The number of allegations of sexual abuse and sexual harassment that were received at the Warm Springs Correctional Center during the 12-month audit review period was nine.

Additionally, employees and service providers will accept reports verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports.

Policy also indicates that allegations of sexual abuse and sexual harassment are to be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. All such referrals will be documented.

A review of the Nevada Department of Corrections website includes the information that all allegations, to include, offender-on-offender sexual abuse and staff sexual misconduct will be investigated.

During the 15 formal and 15 informal interviews with the offender population, all interviewed knew at least two ways to notify someone of a Prison Rape Elimination Act issue or concern. A majority knew four to five different ways.

During the interview with the Warden, he stated that all allegations of sexual abuse and sexual harassment are taken seriously. He ensures that every allegation received is investigated completely.

During the interview with the Director's Designee, he stated that the agency, through the Prison Rape Elimination Act Statewide Coordinator, ensures that an administrative or criminal investigation is tracked and completed for all allegations of sexual abuse or sexual harassment.

During the interview with the Inspector General's designee for the Nevada Department of Corrections. She confirmed that it is the Inspector General's Office is responsibility to investigate all PREA allegations in Nevada Department of Corrections. The Inspector General's office is notified via the Nevada Offender Tracking Information System; the electronic incident notice system used by Nevada Department of Corrections. In emergency cases they are notified via telephone. Once the Inspector General'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 Inspector General 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.

During interviews with Investigative staff, they stated that the agency has authority to conduct criminal and administrative investigations. Also, they stated that all allegations are documented on a Sexual Incident Report and are referred to them for investigation.

All non-confidential policies are on the Nevada Department of Correction's public website.

**Corrective Action:** No corrective action was required for this standard.

## 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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### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Random Staff
  - In-Service Training Records
- Training curriculum, both hard copy/electronic

- Training verification Logs
- Employee training records

OP 421, and AR 360 were provided and reviewed by the auditor: Policy states that any employee, contractor, or volunteer who has any knowledge, suspicion, information, or becomes aware of any alleged act of sexual abuse or sexual harassment by another employee, contractor, or volunteer is required to immediately report the knowledge, suspicion, or information to his or her immediate supervisor.

Also, that all staff shall immediately report any other employee's neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment or retaliation.

OP 421, Section 5, Employee Training, states: All employees who may have contact with inmates will receive instruction on PREA in pre-service training. The training will include the following:

- Zero Tolerance Policy
- How to report, detect, prevent and respond to such allegations
- Inmate's rights to be free from sexual abuse/harassment
- Inmate's rights 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 offenders who are Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI)
- How to comply with relevant laws related to mandatory reporting

All employees who may have contact with inmates will receive refresher training on PREA every two (2) years. In years which an employee does not receive PREA refresher training they shall still receive a refresher on current PREA policies.

All employees that have transferred to the Warm Springs Correctional Center from a facility that houses female offenders will receive PREA training specifically tailored to a male offender population. Completed training will be documented on an On-the-Job Training form which will be placed within the employee's supervisory file.

All employee training will be documented and confirmed by signature and will be maintained in the employee's supervisory and training files.

Training for the Warm Springs Correctional Center is conducted by Nevada Department of Corrections Central Office. In an attempt to determine compliance with this standard, the audit team requested a printout of all staff that work at the Warm Springs Correctional Center 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.

The Training Manager was 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 PREA Compliance Manager and was provided several lists, by shift or classification, of staff that had attended the requested training. Based on lists received and the limited amount of staff, it was easily determined who attended the required training.

Once the training is provided, the employees are required to sign an acknowledgement of receipt or print out their completed certificate of training and brochure. Employees are required to attend the training on

an annual basis. At the Warm Springs Correctional Center, the training is tailored toward a male offender population.

Through 11 formal random staff interviews, the auditors learned that all 11 staff had either received formal training and/or the refresher On-the-job training on Prison Rape Elimination Act within the last 24 months. The training included prevention, detection, reporting and response. Additionally, all staff interviewed stated they had received the training and signed an acknowledgement form stating they understood the content. Staff also indicated they had been provided with written information.

During the on-site visit, 11 training record reviews were conducted and it was determined that all 11 staff reviewed, to include custody, non-custody, contract and volunteers, had received and are current in the mandatory Prison Rape Elimination Act training.

Prison Rape Elimination Act training requirements mandate attendance at the required training, is documented, through employee signature, that they understand the training they have received. 11 copies of random Employees Acknowledgement of Training forms, that I picked from the training roster, were reviewed. All forms were signed and dated by the employee, indicating that they understood the training received

I was very impressed with the Warm Springs Correctional Center's Training Department. Their tracking system, oversight and the daily checking and re-checking of staff currently working, to ensure compliance, was very efficient. This showed they took offender sexual safety seriously.

### 115.31 Employee Training

- **Concern:** During interviews, most staff did not fully understand the 'Request a Victim and Ensure a Suspect' aspect of First Responder duties as it pertains to Standard 115.64 (3 & 4).

**Update:** On December 11, 2019, I received an email, from the PREA Compliance Manager, with signed acknowledgement forms, tracking sheets, the updated PowerPoint training and a memorandum, authored by the PREA Compliance manager, showing training completeness and how compliance to this Standard was achieved.

**Corrective Action:** No additional corrective action is required for this standard.

## Standard 115.32: Volunteer and contractor training

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

### 115.32 (a)

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

### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report



such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Volunteers
  - Contractors
- Training curriculum, both hard copy/electronic.
- Training verification Logs
- Volunteers and Contractor training records

AR 802, Community Volunteer Program, states that if circumstances suggest that a volunteer has been compromised into a personal relationship with an offender, or through any other situation or event, that volunteer will be excluded from the institution/facility pending an investigation into the situation. Additionally, if a volunteer is found to have been compromised, he/she will be permanently barred from participating as a volunteer for the Department in any capacity. The policy mandates all volunteers and contractors who have contact with offenders to be trained in their responsibilities under PREA.

AR 212 states: The level and type of training provided to contractors shall be based on the services they provide and the level of contact they have with inmates. All contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Nevada Department of Corrections 1953, PREA Zero Tolerance Policy form is used to provide information to contractors and volunteers about zero tolerance and their duty to report. They certify, by signing the form that they have read and understand the information contained on the form.

Nevada Department of Corrections 051, Volunteer Training/Orientation Acknowledgement Form (blank sample provided with PAQ) states above the signature of the volunteer, he/she certifies:

I attended the Volunteer Training and was given the opportunity to ask questions and discuss the subject matter taught. I am aware of my responsibilities as a Volunteer, Educational staff member, or contractor and understand that failure to follow Nevada Department of Corrections Policies and Procedures can result in removal from the Volunteer Program and/or Gatehouse List.

I understand the training given on the above subject of PREA and have a good understanding of this topic within the guidelines of the Nevada Department of Corrections. I understand the Nevada Department of Corrections has a "Zero Tolerance" policy regarding volunteers/staff/contractors on inmate sexual abuse and harassment as well as inmate on inmate sexual abuse and harassment.

There were two of the 30 volunteers on-site during our audit, that are currently serving at the Warm Springs Correctional Center. One volunteer provides community outreach services and the other volunteer provides religious services. Two of the 11 contracted staff, that were on-site during our audit, were educators. Both taught different classes to offenders on behalf of the Carson City School District, Adult Education. All four were well versed in the Zero-Tolerance policy and gave examples of what to look for and who to report to, in case of a PREA allegation or suspected PREA concerns. All four also stated they would need to document any information required prior to leaving grounds.

A review of the training presentation guide confirms that all 10 topics required by section 115.31 of the Prison Rape Elimination Act are included in the PREA class provided. Mandatory training includes:

- IDIC's zero tolerance policy for sexual abuse and sexual harassment
- How to prevent, detect and report sexual abuse and sexual harassment
- The offender's rights to be free from sexual abuse and sexual harassment
- The rights of employees and offenders to be free from retaliation for reporting sexual abuse and sexual harassment
- The dynamic of sexual abuse and sexual harassment in a confined setting
- Common victim's reactions to sexual abuse and sexual harassment
- How to detect and respond to signs of actual and threatened sexual abuse
- How to avoid inappropriate relationships with offenders
- How to effectively communicate with offenders of the Lesbian, Gay, Bi-Sexual, Transgender or Intersex population
- How to comply with mandatory reporting laws

The policy mandates all volunteers and contractors who have contact with offenders to be trained in their responsibilities under Prison Rape Elimination Act.

During the site visit, the two volunteers and the two contractors that were interviewed had their training records were checked. All training records reviewed consistently showed that the training had been provided previously and during the last 12-month period. The facility has a good process in place to ensure contractors and volunteers receive Prison Rape Elimination Act training. The Community Resource Manager works closely with the facility's training department to ensure all volunteers are trained.

During interview with contractors and volunteers, auditors were told that they are provided Prison Rape Elimination Act training annually through a PowerPoint and handout materials. All four of the individuals who were formally interviewed were able to explain to the auditor the components of the training and the requirement to report immediately, should they be made aware of an incident. Verification of this training being received is recorded via completion of the Prison Rape Elimination Act Acknowledgement of form with signature and the day of training's date. This form indicates the information was provided and the employee, volunteer or contractor stated they understood it.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

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

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

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

#### 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.*

#### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Intake staff
  - Random Offenders
- Facility Orientation Booklet
- Facility PREA Brochure

- On-site review of physical plant, PREA poster locations, educational material within housing units, common areas, education areas and work/recreation stations.

AR 511, Inmate Orientation Program, (updated 12/17/2012) states: The orientation process will ensure that inmates receive the following: (K) Information regarding PREA.

AR 658, Hearing Impaired Inmates, states: The ADA coordinator will ensure that deaf and hearing-impaired inmates are provided access to auxiliary aids and services when required for effective communication in accessing and participating in departmental programs, services, and activities. Such programs, services and activities include, but are not limited to: (H) PREA reporting and/or follow-up with any PREA concerns.

OP 421 mandates that offenders receive information at intake regarding the zero-tolerance policy and how to report incidents of sexual abuse/harassment. This information is provided throughout the documents. It further mandates that within 30 days of intake, offenders receive comprehensive education either in person or through video regarding their rights to be free from sexual abuse/harassment and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

OP 421, Section 2. Preventing, Detecting and Responding to Allegations of Sexual Abuse or Sexual Harassment states: The Administration at the Warm Springs Correctional Center will implement the following to prevent, detect and respond to allegations of sexual abuse by:

- Inmate education
  - Zero Tolerance Policy
  - Ways to report
  - Access to medical and mental health services
  - Right to be free from retaliation for reporting such incidents
  - Disciplinary sanctions pursuant to AR 707 in consensual sexual activity
  - Informing 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.

Section 7 under the section titled Inmate Education states: During initial intake/reception and orientation the Warm Springs Correctional Center will ensure all inmates receive information explaining the Department's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process. Within thirty (30) days of reception, the Warm Springs Correctional Center will provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding Departmental policies and procedures for responding to such incidents. The Warm Springs Correctional Center will provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

- The Warm Springs Correctional Center will prohibit the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties, of the investigation of the inmate's allegations. The use of inmate interpreters in these limited circumstances will be documented. Staff interpretation will be conducted within a confidential office and the staff member will be responsible for documenting the interpretation in

NOTIS. The interpreting staff member will maintain confidentiality regarding all information that was interpreted.

- The Warm Springs Correctional Center has contracted with Language Link to provide both spoken interpretation and written translation services. Information on how to access those services can be found in the Lieutenants office, Sergeants desk, and custody staff area.

Nevada Department of Corrections Policy and Administrative Procedures, Sexual Abuse Prevention, states the following:

- That the Department shall oversee the development of posters that shall be placed in prominent locations within the facilities displaying various methods of reporting sexual abuse and sexual harassment. These posters shall be placed in locations in the facilities where they can be seen by staff, visitors, and offenders and be written in both English and Spanish.
- The offender shall be provided with verbal and written information regarding: The Department's zero tolerance of any sexual abuse and sexual harassment; self-protection; reporting sexual abuse and sexual harassment; and, treatment and counseling available to offenders who are victims of sexual abuse.

The facility maintains documentation of offender participation in the Prison Rape Elimination Act education sessions. Documentation is made via their signature on the Warm Springs Correctional Center's Intake Prison Rape Elimination Act Acknowledgement Form which is maintained in the offender file.

The auditing team was walked-through the entire Intake process to include the objective Screening Tool and video, that is completed for each individual offender that comes into the Warm Springs Correctional Center. Afterwards, we reviewed 15 offender files that showed the date the offender arrived at the institution and had received the required information with a signed receipt indicating their name and their Nevada Offender Identification number, on the Offender Education Program check off, on the Prison Rape Elimination Act Video acknowledgement form, 30-minute video, and on the Information Brochure Receipt form, stating the received and understood what they were given. The offender was also notified that there would be a follow-up meeting held within the next 30-days.

During the site visit, the team observed various Prison Rape Elimination Act contact posters available for viewing around the institution in housing units and other areas.

During interviews with Intake staff, they shared that offenders are provided with orientation upon intake at their facility. Offenders sign an acknowledgement form which is maintained in the offender's file. The orientation is generally provided on the same day, most times within one hour, in the intake area, as the offender arrives, or in rare cases, the following day. Staff in charge of the Intake Process indicated that offenders receive the Prison Rape Elimination Act brochure and a Prison Rape Elimination Act complete education, upon arrival to the Warm Springs Correctional Center, during intake.

All of the common areas had posters, in English and Spanish, explaining the Nevada Department of Corrections 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.

During the 15 formal interviews, all of the offenders remembered receiving some type of written materials (Offender handbook and brochure) the same day they arrived at the institution by a caseworker. The offenders interviewed that had been at the facility for more than 12 months indicated that they saw a video and had seen information in the offender handbook. All of the offenders formally interviewed remembered the information provided. The offenders were asked to explain what they were trained on and we received the following generalized responses: to be free from harassment and abuse, who they can talk to, what phone numbers to use in case of incident, where the numbers and address were located (posters).

### 115.33 Inmate Education

- **Concern:** During offender education file reviews, auditors found 20%, of the 15 files reviewed, did not have the education documents needed, to be in compliance, in the file.

**Update:** On November 15, 2019, I received an email from the PREA Compliance Manager with offender statistical data, signed acknowledgement sheets and a memorandum, authored and signed by the Warden, showing how compliance to this provision was achieved.

**Corrective Action:** No further corrective action was required for this standard.

## Standard 115.34: Specialized training: Investigations

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

### 115.34 (a)

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

### 115.34 (b)

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

Yes  No  NA

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Investigative Services staff
- Training curriculum
- Training verification certificates for investigators

AR 421 mandates that in addition to the general training provided to all employees, the facility shall ensure that, to the extent the agency itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in a confinement setting. This agency is trained to conducts both administrative and criminal investigations on sex abuse cases. It requires that the agency maintain documentation that investigators have completed the required specialized training in conducting sexual abuse investigations. It requires specialized training to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutor referral.



A link was provided to the current training curriculum, which was reviewed by the auditor. It was found to contain all of the required information. In addition, the auditor was provided with certificates of completion for all 16 investigators.

Through a memorandum, authored by the PREA Coordinator, the auditor was informed the Inspector General has seven administrative and nine criminal investigators, for a total of 16 statewide investigators. All investigators may be assigned PREA criminal or internal affairs investigations. All investigators have completed specialized training. Training Curriculum, entitled "PREA Investigating Sexual Abuse in a Confinement Setting", was reviewed by the PREA Resource Center to ensure compliance with the standards.

The two investigators, one administrative and one criminal, interviewed indicated they received training specific to conducting sexual abuse investigations in confinement settings. They indicated the class was given by NCIC. One of the investigators also participated in refresher training last year and both participates in the agency's annual training. They indicated the training curriculum included: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

**Corrective Action:** No corrective action was required for this standard.

## 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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:

- Medical staff
- Mental Health staff
- Training curriculum and certificates

OP 670, Medical Standards for PREA which is for the Warm Springs Correctional Center was also provided to the auditor. Under Procedures it states: (1) Specialized Training for Medical and Mental Health Personnel: Warm Springs Correctional Center shall ensure that all full and part time medical and mental health care practitioners who work regularly in the facility have been trained in:

- All medical and mental health care practitioners will receive the training mandated for all Nevada Department of Corrections employees in accordance with PREA standards. This training will be conducted by the ESP training division and will be documented in the employees training file.
- All medical staff will receive training in evidence collection. This will be provided by trained custody staff and documented with a training certificate in the employee's supervisor file.
- All medical and mental health staff will receive training in detecting and assessing signs of sexual abuse and harassment, and how to respond effectively and professionally to victims of sexual abuse and sexual harassment as provided in the NIC training module entitled "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting". This training can be found at <http://nicic.gov/library/027693> . This training will be documented with a training certificate within the employee's supervisor file.

Nevada Department of Corrections Policy and Administrative Procedures, Sexual Abuse Prevention, requires that all staff attend the PREA training, both during new employee orientation and during their annual training. This includes contracted medical and mental health staff. Additionally, all contract medical and mental health staff receives additional medically focused Prison Rape Elimination Act training as part of the requirement to work at the facility.

Policy also states that each facility shall establish a written agreement or contract with a qualified, independent forensic health services professional who is not employed by the facility to perform forensic medical examinations of sexual abuse victims. This service is currently provided by Carson-Tahoe Regional Medical Facility in Carson City. As a part of the written agreement, any Health Services personnel who examines an offender is to be trained and shall use appropriate safety precautions to take when treating an offender. The training lesson plan provided to this auditor covered how to detect signs of sexual abuse, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse, how and whom to report allegations of sexual abuse/harassment and the roles and responsibilities of the Sexual Abuse Response Team. Additionally, all training will be documented, through signature or electronic verification, showing acknowledgement that the employee received and understood the training.

Policy states that all Medical and Mental Health Care practitioners receive general Prison Rape Elimination Act training mandated for all employees, volunteers & contractors as identified in policy and outlined in Prison Rape Elimination Act standards, depending upon the practitioner's status in the agency.

During the on-site visit, audit team members reviewed and verified attendance at Prison Rape Elimination Act staff training through the facility's training records.

Both Medical and Mental Health staff were interviewed on-site at the Warm Springs Correctional Center. All four shared that they have been through NDOC annual training and Advance training.

**Corrective Action:** No corrective action was required for this standard.

# 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.*

#### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Staff responsible to screen for risk of victimization
  - Random Offenders
  - PREA Coordinator
  - PREA Compliance Manager
- Offender electronic files
- Risk Screening tool: Electronic
- Mental Health Referral forms

AR 421 states all inmates shall be assessed for their risk of being sexually abused by or abusive toward other inmates during an intake screening and upon transfer to another institution/facility. The PREA risk screening assessment tool is confidential.

AR 573 and OP 573, PREA Screening and Classification, were reviewed and require: Initial screening should take place within 24-hours, but shall be completed within 72-hours of arrival at an institution or facility. Whenever possible, and consistent with the safety and security needs of the institution or facility,

inmates are not to be housed together in two-person cells prior to PREA screening. A case note (PREA-Intake Assessment) will be generated to document said action.

- A corresponding Nevada Offender Tracking Information System alert will be entered on all known victims (PREA-High risk of sexual victimization) and all known predators (PREA-High risk of sexual abusiveness).
- Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, a Correctional Caseworker will reassess the inmate's risk of victimization or potential for abusiveness toward other inmates based upon any additional relevant information which may have been received since the initial screening. A case note (PREA-30 Day Follow Up) will be generated to document said action.
- Transgender/Intersex inmates will be reassessed at each 6-month regular review and a case note (PREA-Special Referral Assessment) will be entered to document said action.
- Inmates will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of being sexually victimized or being sexually abusive. A case note (PREA-Special Referral Assessment) will be generated reflecting this assessment.

An offender's risk level shall be reassessed at any time when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

The screening instrument will consider, at a minimum, the following criteria for risk of sexual victimization:

- whether the offender has a mental, physical, or developmental disability;
- the age of the offender;
- the physical build of the offender;
- whether the offender has previously been incarcerated;
- whether the offender's criminal history is exclusively nonviolent;
- whether the offender has prior convictions for sex offenses against an adult or child;
- whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- whether the offender has previously experienced sexual victimization; and
- the offender's own perception of vulnerability.
- whether the inmate is detained solely for civil immigration purposes

The screening will consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing the offender's risk for being sexually abusive.

Offenders will not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked during screening or reassessment.

Of the 15 formal offenders interviewed, all indicated they had been asked questions about sexual abuse when they arrived at this facility. Of the offenders which remembered participating in an intake screening, all indicated that it occurred either on the day they arrived or the next day.

Auditors interviewed intake and classification staff regarding this process. They were very knowledgeable about the classification process and verified that the screening/assessment was completed in a prompt

manner. Auditors also interviewed screening staff regarding this process. They verified that the screening/assessment was generally completed within one hour of the offender's arrival and that the risk screening is completed utilizing a standardized Prison Rape Elimination Act Intake/Transfer Assessment Tool. Intake staff also indicated that all offenders are reassessed within 30 days of arrival, by a caseworker, at their facility based on criteria outlined in standard provision.

Offenders are provided with the Offender Orientation handbook, as well as, a brochure which outlines the Nevada Department of Correction's Prison Rape Elimination Act policy. The offenders also watch a video on Prison Rape Elimination Act and are asked if they understood the content. Finally, the offender signs an Acknowledgement form stating they received and understood the information given during intake.

Classification staff reviews the offender's history and flags, then assigns the offender housing. The case worker or case manager screens the offender and provides them Prison Rape Elimination Act education.

During the on-site visit, auditors observed the entire intake process which began in Intake staff going through medical and mental health reviews and ended after the Intake process in the assigned housing unit by the caseworker. The screening/assessment process is completed as part of an overall intake assessment and the standardized Prison Rape Elimination Act Intake Assessment Tool was being used.

15 offender file hard copies or electronic versions of the Intake and Screening records were also reviewed by the audit team to demonstrate accurate process of this screening practice. It was noted that PREA Intake Assessment Tool forms were present in the offender files that were reviewed.

#### **115.41 Screening for risk of victimization and abusiveness**

- **Concern:** Operational Plans 494, Evaluation, Placement, and Treatment of Transgender and/or Intersex Offenders and 573, PREA Screening and Classification, dealing with Transgender offenders during screening needed some updating to be in full compliance. Additionally, during custody offender file reviews, half of the 15 files reviewed, did not indicate/document that the '30-days from arrival' reviews were completed. Timelines are not met in a consistent manner.
- **Update:** On February 3, 2020, I received an email, from the PREA Compliance Manager, with offender timeline tracking sheets and a memorandum, authored by the PREA Compliance Manager, showing how all offenders files have been reviewed. If any were out of compliance during that review, reviews were conducted and documented. This showed how this portion was brought into compliance. On March 23, 2020, the case by case review committee met and forwarded me the contents of the Transgender and/or Intersex review meeting, via email, showing how it brings the updated Operational Plans into compliance with this Standard.

**Corrective Action:** No additional corrective action is required for this standard

### **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**



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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

#### 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.*

#### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

- Interviews with the following:
  - Staff responsible for Risk of Victimization
  - PREA Coordinator
  - PREA Compliance Manager
  - Offenders who Identify as Gay or Bisexual
  - PREA Compliance Manager
- Offender electronic file
- Risk Screening tool: Electronic form
- Mental Health Referral form

**Note: At the time of the audit, the Warm Springs Correctional Center did not house any offenders in the Transgender or Intersex categories.**

Agency policy mandates the facility to use information from the risk screening to inform housing, programming, and education assignments, to keep offenders at high risk of sexual victimization apart from high risk abusive offenders.

OP 573 mandates that decisions regarding appropriate transgender or intersex housing in both male or female facilities and programming assignments are determined on a case-by-case basis. Placement decisions will ensure the offender's health and safety, and will consider whether placement would present management or security problems. It requires offenders be reassessed at least twice a year to review any threats to safety experienced by the offender. The Warm Springs Correctional Center reassesses all offenders twice a year.

Policy states that transgender and intersex offender's own views are seriously considered when determining housing placement and programming assignments.

Policy mandates the agency not place Lesbian, Gay, Bi-sexual, Transgender, or Intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status.

During the tour of the facility, the auditors noted that all shower facilities are individual showers with only one shower head in each. Each shower stall has a shower curtain which covers the open front of the shower stall.

The caseworker indicated the information gathered from the risk screening is used to separate potential victims from potential aggressors. They do not receive many offenders that score as a potential victim or as a potential aggressor, so it is generally not a problem to house an inmate, if one arrives. He stated that they have no transgender inmates but if they did the inmate would be reassessed once each six months. All inmates are reviewed in classification every six months. For a transgender inmate a new PREA Risk Assessment would also be done. The caseworker said that transgender and intersex inmate would be able to shower separately because the Warm Springs Correctional Center has individual shower stalls with curtains.

Staff shall not discuss an offender's Prison Rape Elimination Act flag status with an offender at any time. If the assessment indicates that an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Based upon this assessment, the offender shall be placed in the appropriate housing; however, no facility shall place lesbian, gay, bisexual, transgender or intersex offenders in dedicated units solely on the basis

of such identification or status. If staff determines that an offender is a potential aggressor or potential victim, the offender's record shall be appropriately flagged in the offender information system and/or juvenile data system.

Offenders identified as Intersex or Transgender shall receive an initial placement and programming assessment with subsequent reassessments conducted every six months. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider, on a case-by-case basis, whether a placement would ensure the offender's health and safety; and whether the placement would present management or security problems. Serious consideration shall be given to such an offender's own views with respect to his or her own safety. Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.

Offenders who are identified as a 'likely PREA aggressor' shall not be housed in the same cell as or in a bed adjacent to offenders who are identified as a 'likely PREA victim.' Offenders who have been identified as a "likely PREA victim" shall not be housed in the same cell as, or in a bed adjacent, to an offender identified as a "likely PREA aggressor" and may be housed in Protective Custody or other assignment that reduces the likelihood of sexual victimization.

Policy states that transgender and intersex offender's own views are seriously considered when determining housing placement and programming assignments. The Warm Springs Correctional Center reassesses all offenders twice a year.

Staff responsible for risk screening stated that transgender and intersex offender's views of their own safety would be taken into serious consideration in housing placement and programming assignments and that they would be allowed to shower separately from other offenders. Housing units have individual bathroom stalls in a common area and individual shower stalls/curtains on the main tier.

Offenders identified as Gay or Bisexual stated they are not housed in a designated facility and that they feel safe being housed where they currently are.

Staff interviewed also indicated that if a transgender or intersex offender asked to shower separately, when other offenders are not utilizing the bathroom area they would be allowed to, however, all showers are individual showers.

#### **115.42 Use of Screening information**

- **Concern:** Operational Plans 494, Evaluation, Placement, and Treatment of Transgender and/or Intersex Offenders and 573, PREA Screening and Classification, dealing with Transgender offenders during screening needed some updating to be in full compliance.
- **Update:** On March 9, 2020, I received the updated and signed Operational plans, listed above, from the Statewide PREA Coordinator. She indicated that the Transgender-Intersex Review Committee forms were completed and they would be meeting in this next week. On March 23, 2020, the case by case review committee met and forwarded me the contents of that meeting, via email, showing how it brings them into compliance with this Standard.

**Corrective Action:** No additional corrective action is required for this standard.

### **Standard 115.43: Protective Custody**

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

### 115.43 (a)

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

### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

### 115.43 (c)

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

### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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.*

#### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
- Physical layout of the facility

**Note: The Warm Springs Correctional Center does not have a Segregated Housing Unit. If needed, they offender is transferred to another facility.**

OP 507 mandates offenders, who are placed in segregated housing for the purpose identified in standard provision 115.43(a), have access to programming, privileges, education and work opportunities to the extent possible. Policy also states that the facility document which opportunities had been limited, the duration of that limitation and the reason for such limitation.

OP 573 states in the Segregation of Inmates Under PREA section: 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-call/on-duty Associate Warden will be notified to make appropriate arrangements

The Warden reported, via memorandum, that during the 12-month review period, the Warm Springs Correctional Center has not had any inmates who were placed in involuntary segregation due to high risk of victimization.

The Warden indicated that inmates who are at high risk of sexual victimization or who have alleged sexual abuse are housed in the least restrictive housing appropriate to their classification and needs. He stated that inmates may be placed in involuntary segregated housing only until other means of separation from likely abusers can be identified. He further indicated that at the Warm Springs Correctional Center, there is no segregated or celled housing. If an inmate is not safe to live in a dorm setting, he will be transferred to another facility where he can be safely housed.

During the interview with the Warden, he confirmed that the Warm Springs Correctional Center did not place offenders who are at high risk of sexual victimization in segregated housing during the past 12-months. The Warden further explained that the institution has a limited program and housing facility. If the need arises, the offender may need to be transferred.

During the on-site tour, it was noted that there were no offenders currently housed in any type of segregated housing due to Prison Rape Elimination Act related victim concerns.

**Corrective Action:** No corrective action was required for this standard.

## 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

- 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.*

#### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.



- Interviews with the following:
  - PREA Compliance Manager
  - Random Staff
  - Random Offenders
- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning Prison Rape Elimination Act issue that the offenders can access.

AR 421 requires the facility to provide multiple internal ways for offenders to privately report sexual abuse/harassment, retaliation by other offenders or staff for reporting sexual abuse/harassment, and staff neglect or violations of responsibilities that may have contributed to such incidents. It further mandates the facility to provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse/harassment to agency officials, allowing the offender to remain anonymous upon request. It requires that offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the department of homeland security. Through discussion with the PREA Coordinator, Nevada Department of Corrections does not house offenders detained solely for civil immigration reasons.

OP 421 states: The Warm Springs Correctional Center staff will accept reports from any and all sources to include but not limited to: inmates, visitors, inmate family members, associates, and other community members. These individuals can privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Such reporting can include, but is 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 PCM 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.
    - Nevada Department of Corrections Family Services Office by phone or email at [info@doc.nv.gov](mailto: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 PCM for retention after the allegation has been handled appropriately.

Policy also requires staff to accept reports made verbally, in writing, anonymously, and from 3<sup>rd</sup> parties and to promptly document any verbal reports. Policy mandates the facility to provide a method for staff to privately report sexual abuse and sexual harassment of offenders. This is accomplished through the chain of command or by contacting the Warm Springs Correctional Center's PREA Compliance Manager.

The PREA Compliance Manager indicated that Nevada Department of Corrections has an agreement with the New Mexico Corrections Department to accept reports from inmates who wish to report abuse or harassment to a public or private entity or office that is not part of the agency. This is accomplished

by providing the address to the New Mexico Corrections Department on the PREA posters and explaining the process during inmate orientation and in the Inmate Rule Book. The process allows the information received by New Mexico Corrections Department to be immediately reported to the Inspector General's Office and allows the inmate to remain anonymous, if requested. The auditor also reviewed the scope of work developed between Nevada Department of Corrections and New Mexico Corrections Department to act as a third party to receive report/allegations from Nevada Department of Corrections inmates. All required components are included. The auditor reviewed the Inmate Rule Book and PREA informational posters to verify the above referenced information was included.

There are three ways an inmate can make PREA calls, all anonymous.

- calling number 775-887-3152, (as a free call) directly from the inmate phone system.
- selecting one of two PREA prompt options from the inmate phone system
- send e-mail to PREA Coordinator (nothing has changed about this option, it has been in place)

Offenders shall be permitted to make these reports to any staff person or to an outside organization that has been arranged through a Community Partnership Agreement or another State agency, remaining anonymous if requested. Offenders shall have access to the outside organization through a toll-free hotline, offender email system, or mailing address. If the offender is not comfortable with making the report to the immediate point of contact line staff, the offender shall be allowed to make the report to a staff person with whom he/she is comfortable in speaking about the allegations.

All reports of sexual abuse and sexual harassment shall be documented in an Incident Report prior to the end of the shift.

During the 15 formal staff interviews, staff indicated they would accept any type of report from the offender and document on a memorandum to be forwarded to their supervisor.

They shared that offenders can report several different ways including verbally reporting to any staff, calling the number on the posters, internal voice mail to the Prison Rape Elimination Act Compliance Manager, external calls to the Nevada Department of Corrections Ombudsman's office, writing letters to staff, writing a confidential letter to, or calling the, the Nevada Coalition Against Domestic Violence, telling a peer and telling family. Staff who were interviewed stated that they can privately report sexual abuse or harassment of offenders. In all cases, staff believed they could report to a supervisor, and it would be kept private.

The 15 offenders that were formally interviewed reported that there are several ways they could report. These include telling staff, use the telephone number from the posters or the painted numbers near the telephones, victim advocates, tell family, tell staff, and put a note in the mail box or confidential appeals or medical box. Most indicated they would just tell staff if anything was to happen.

During the tour, the audit team noted the posters information for the Nevada Department of Corrections and Rape Crisis Center contact information, providing reporting information in English and Spanish. The audit team were also given brochures that are provided to offenders. The audit team tested the numbers posted. On the call to the Rape Crisis Center telephone line, a person answered the call and explained the call is monitored 24 hours a day, 7 days a week. On the call to the Inspector General's office, a message was left, explaining the reason for the call. A response call-back was received approximately 15 minutes later.

Nevada Department of Corrections does not house any inmates solely for civil immigration purposes.

**Corrective Action:** No corrective action was required for this standard.

## **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) take 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) take 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

*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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
  - Offenders that reported Sexual Abuse
- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access.

The facility is not exempt from this standard and in compliance with this provision of the standard.

OP 740, Inmate Grievance Process, indicates that all offenders may use the inmate grievance procedure to resolve addressable inmate claims, only if the inmate can factually demonstrate a loss or harm. Policy mandates that the agency will not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The agency does not require an offender to use any informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Review of offender handbook reveals reports of sexual abuse allegations may be made at any time using the Grievance Form. There is nothing to restrict the agency's ability to defend against an offender lawsuit on the grounds that the applicable statute of limitations has expired. It mandates a final decision from the Inspector General's office on the merits of any portion of a grievance alleging sexual abuse shall be issued within 90 days of the initial filing of the grievance.

Policy states that 3rd parties are permitted to assist offenders in filing request for administrative remedies relating to allegations of sex abuse and shall be permitted to file such requests on offenders' behalf. If a 3rd party files such a request on behalf of an offender, 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. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision in NOTIS.

Under the section entitled: PREA Emergency Grievances, policy states at any time an inmate may file an Emergency Grievance (DOC-1564) for issues involving substantial risk of imminent sexual abuse. All Emergency Grievances alleging substantial risk of imminent sexual abuse shall be forwarded to a level of review at which immediate corrective action may be taken. An initial response shall be provided within 2 hours, with a final facility decision about whether the inmate is in substantial risk of imminent sexual abuse within 5 calendar days. The Shift Supervisor who responds to the emergency grievance must generate an Incident Report using the NOTIS reporting system and document the inmate's complaint along with any corrective action that was made or taken. An electronic mail will then be sent to the institutional PCM and the Inspector General's Office notifying them of the incident and incident report number for tracking and investigation purposes.

Nevada Department of Corrections Policy and Administrative Procedures 00-02-301, Offender Grievance Process, when dealing with Prison Rape Elimination Act grievances:

- When receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, the receiving staff member shall immediately forward the grievance, or any portion of the grievance that alleges the substantial risk of imminent sexual abuse, to the Warden. The Warden shall take immediate corrective action. The Warden shall forward the emergency grievance to the Offender Grievance Specialist, who shall provide an initial response within 48 hours of the offender filing the emergency grievance. The Warden shall also forward the emergency grievance to the Department's Offender Grievance Manager, who shall issue a final Department decision within five calendar days to the offender who filed the grievance. The initial response and final Department decision shall document the Department's determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The facility may discipline an offender for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the offender filed the grievance in bad faith. The determination that a grievance is not an emergency may be appealed through the normal grievance procedures as directed in this policy and administrative procedure.

An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint at any time after the alleged incident.

According to the PREA Compliance Manager and Camp Commander, there have been zero grievances received that alleged sexual abuse in the past 12 months at the Warm Springs Correctional Center. They also stated that there have been zero Third-party sexual assault grievances filed 12 months at the Warm Springs Correctional Center.

Of the 15 formal and numerous informal offender interviews, no offender stated they filed a grievance concerning sexual abuse or harassment.

I reviewed the Grievance Logs and did not find any Prison Rape Elimination Act related grievances filed in the past 12 months.

**Corrective Action:** No corrective action was required for this standard.

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

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

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

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

#### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not*

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

### **Evidence Reviewed (documents interviews, site review)**

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
  - Random Offenders
  - Offenders who reported sexual abuse
  - Technical Assistance Coordinator of the Victim Advocate staff from the Sexual Assault Support Services, Nevada to include their Memorandum of Understanding.
  - Observations of the physical plant during our on-site review rounds, to include available information concerning Prison Rape Elimination Act issues that the offenders can access, to include Rape Crisis Center telephone numbers

AR 421 mandates each facility to provide offender access to outside victim advocates for emotional support services related to sexual abuse by providing offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, or local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. It mandates each facility to inform offenders prior to giving them access, of the extent to which such communications will be confidential or monitored and to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. This is completed in committee meetings. Policy further requires the facility to maintain or attempt to enter into an MOU or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The facility maintains copies of agreements and provided copies to the auditor for review.

The Warm Springs Correctional Center is in a contract with the Law Vegas Rape Crisis Center to provide advocacy services to any inmate who has been a victim of sexual abuse and requests such services. Informational posters with the Rape Crisis Center contact information can be found throughout the facility. These phone calls will not be recorded and are confidential.

The PREA Manual indicates that inmate access to outside confidential support services: 1) The Department provides inmates (via MOU) information for emotional support services on sexual abuse and how to access outside victim advocates through use of posters, flyers and handouts that includes the mailing address and telephone numbers of available, local, State or national victim advocacy and/or rape crisis organizations. a) The communication between inmates and the outside victim advocacy or rape crisis organization is confidential and only available on a need to know basis by Inspector General, PREA Management Team staff. b) Information about the level of confidentiality of the communication between inmates and the outside advocacy or rape crisis center will be provided to the inmates prior to accessing by the inmate.

Copies of advocacy posters were provided to the auditors in English and Spanish. During the audit, it was noted that these posters were displayed in several locations around the facility.

Currently the Warm Springs Correctional Center utilizes the Rape 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 as well as information posted throughout the facility.



Most of the inmate phone calls are recorded; however, phone calls to the Rape Crisis Center and the Inspector General's office are not. This information is included on the posters and the PREA Education and Information Sheet. Any mail to the Rape Crisis Center or Inspector General's office is treated as legal mail and not read by the staff. When the call is received, it is answered by a volunteer 24 hours a day, 7 days a week.

The Victim Advocate from the Rape Crisis Center was interviewed, via telephone. She stated that she has not had any contact with any inmates at the Warm Springs Correctional Center.

The Nevada Department of Corrections has a telephone number, for the Inspector General's office that is accessible from offender telephones that are not monitored or recorded. The telephone call is confidential.

The audit team interviewed 15 offenders during formal interviews concerning the topic of allegations of sexual abuse or harassment. Overall, the offenders knew about the outside victim advocate for support services and how to contact them. The offender population explained how the information is 'posted everywhere' if they needed it and were given the information at Intake.

**Corrective Action:** No corrective action was required for 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

*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.*

## Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
- Offender Orientation Booklet
- Observations of the physical plant and visiting areas during our on-site review rounds, to include available information concerning PREA issue that the offenders can access concerning 3rd party notification

OP 421 states: The Warm Springs Correctional Center staff will accept reports from any and all sources to include but not limited to: inmates, visitors, inmate family members, associates, and other community members.

These individuals can privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. 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 PCM and/or AW followed by a confidential report completed in Nevada Offender Tracking Information System.
    - 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.
    - Nevada Department of Corrections Family Services Office by phone or email at [info@doc.nv.gov](mailto: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 PCM for retention after the allegation has been handled appropriately.

Every random staff interviewed indicated they would accept reports from third parties to include family members and other inmates.

Additionally, policy states staff shall accept reports made verbally, in writing, anonymously, from third parties, and shall promptly document any verbal reports and that staff shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators.

The Warm Springs Correctional Center also has Prison Rape Elimination Act information available to the public in the visiting area. This poster contains several ways an offender can report and two way an offender's friends or family, outside the facility, can report. This information is in English and Spanish.

During offender interviews, all offenders were aware that third party reporting was an acceptable method for receiving a report of sexual abuse or sexual harassment, but none of them believed their friends or family had used it. Additionally, the PREA Compliance Manager explained that the Offender handbook

and Prison Rape Elimination Act Resource Guide informs the offender population of these numbers and addresses that they can shared with their family and friends.

The facility provided the auditor with a copy of the Visitor Information Brochure. The brochure was reviewed and the required information was also included. During the tour of the Warm Springs Correctional Center, the audit team observed Prison Rape Elimination Act posters and Prison Rape Elimination Act information posted in the designated visiting room.

**Corrective Action:** No corrective action was required for this standard.

## 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

*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.*

#### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - PREA Coordinator
  - Random staff
  - Medical staff
  - Mental Health staff
- Internal Investigative reports

AR 421 mandates all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment that occurred in a facility, whether or not it is a part of the agency. This includes any retaliation against any offender or staff who reported such an incident and any staff neglect or violation of responsibilities which may have contributed to an incident or retaliation. Policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, other security, and management decisions. It also requires medical and mental health practitioners to report sexual abuse pursuant to standard provision 115.61(a), and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services, unless precluded by federal, state, or local law. It mandates each facility to report all allegations of sexual abuse/harassment, including 3rd party and anonymous reports, to the facility's designated investigators.

OP 421 under the section entitled, Staff Duty to Report, states: All staff are required to 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.

Additionally, 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. These individuals can privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

OP 609, Medical Standards for PREA, states: All medical and mental health practitioners will notify all victims of alleged sexual abuse or harassment that they have a legal obligation to report the incident. This notification is to be made to the victim at the onset of treatment and the victim shall be notified that there are limitations of confidentiality.

Policy further states that staff reporting sexual abuse and sexual harassment shall be afforded the opportunity to privately report such information to the Shift Supervisor, Investigations and Intelligence Investigator, PREA Compliance Manager, or the Executive Director of Prison Rape Elimination Act via the Nevada Department of Corrections, Sexual Assault Hotline. The Shift Supervisor shall notify the Superintendent, Investigations and Intelligence, PREA Compliance Manager, a member of the facility Prison Rape Elimination Act Committee, or other designee.

Interviews with 15 formal random staff and specialized staff at all levels of this facility indicate that all Prison Rape Elimination Act related allegations/reports go to the facility Prison Rape Elimination Act investigators for investigation. During the random interviews with staff, it was confirmed that staff is aware of this requirement and could explain how they would immediately report an allegation of sexual abuse. They further stated that the information they received from the victim should remain confidential, with them only notifying staff that had a need to know such as their supervisor and medical staff.

During the staff interviews, staff 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 PREA Compliance Manager. 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. 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

During interviews with medical and mental health staff, they shared their understanding of the policy and their duty to report. They also stated that they explain to the offender the limitations of confidentiality prior to the initiation of services. Further, the staff provided me with the forms they use to document any reports.

During an interview with the Warden, he informed the audit team that the Warm Springs Correctional Center does not house offenders under the age of 18 and has not anytime during this audit period.

Additionally, there have been no cases of vulnerable adults as alleged victims of sexual abuse or sexual harassment in the past 12 months.

**Corrective Action:** No corrective action was required for this standard.

## 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

*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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Director
  - Warden
  - Random staff

AR 421 requires that any employee, contractor, or volunteer who has any knowledge, suspicion, information, or becomes aware of any alleged act of sexual abuse or sexual harassment by another employee, contractor, volunteer or offender, is required to immediately report the knowledge, suspicion, information to his or her immediate supervisor. It also states, those grievances alleging staff on inmate or inmate on inmate sexual abuse or sexual harassment are forwarded immediately to the PCM and the Associate Warden.

OP 421 states: If any Nevada Department of Corrections employee becomes aware that an inmate is subject to a substantial risk of imminent sexual abuse at the Warm Springs Correctional Center, 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.

Finally, policy states that if the first employee or service provider, to learn of an allegation that an offender was sexually abused, is not security staff, the employee or service provider will request that the alleged victim not take any actions that could destroy physical evidence, take reasonable steps to ensure the victim's safety, and immediately notify a custody supervisor.

During the interview, the Director's Designee indicated that if he received such information, he would notify the facility where the offender is housed and direct the staff to take immediate action to protect the offender. All of the actions taken would be documented in Nevada Offender Tracking Information System.

During the interview with the Warden, he stated that if he received an allegation, he would take immediate action to protect the offender. This may require that they move the offender to a place where he would be safe until the suspect is identified and the investigation was concluded. As a last resort, this may require that the offender be transferred to another institution. All of the actions taken would be documented in Nevada Offender Tracking Information System.

Through 15 random staff interviews, they indicated that if they received an allegation, they would immediately separate and protect the victim and suspect, (if known) then notify their supervisor, the Prison Rape Elimination Act Compliance Manager and investigations staff.

**Corrective Action:** No corrective action was required for this standard.

## 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**

*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.*

### **Evidence Reviewed (documents interviews, site review)**

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Director
  - Warden
  - Investigative Services staff
  - PREA Compliance Manager

The PREA Manual states: when a report by an inmate is made that he/she was previously sexually abused while confined at another facility that information must immediately be provided to the institutional PCM, who will, in turn, notify the Warden. The Warden must make contact with the other agency within 72 hours of the report.

OP 421 under the section entitled: Reporting to Other Confinement Facilities, it states that if an inmate reports during his PREA assessment that he was sexual abused while confined at another institution/facility, the PREA Compliance Manager, Associate Warden, or Warden must be notified immediately. The PREA Compliance Manager, Associate Warden or Warden will provide notification to the PREA Coordinator immediately. The Warden will notify the agency where the allegation occurred as soon as possible, but no later than 72 hours after receiving the allegation. The PREA Compliance Manager, Associate Warden or Warden will initiate a report using Nevada Offender Tracking Information System. The PREA Compliance Manager will enter the proof of notification within the generated report. The PREA Compliance Manager will also maintain a log of such notifications.

During the interview with the Director's Designee, he stated that if any such allegation is received, it is referred to the Investigations Department with a copy to the Statewide PREA Coordinator. Contact is made with the PREA Compliance Manager of the involved facility and an investigator is assigned to conduct the review.

Both the Warden and the PREA Compliance Manager indicated that once an allegation of sexual abuse is received from another agency, it is assigned to an investigator to conduct the investigation.



During the interview with the Warden, he stated that when the notification comes, via email, from the Warden/Superintendent/Commander of the other facility to him, it is acted upon immediately as it were other allegations. A follow-up phone call is made if needed.

During the interview with two of the Investigators, they indicated that work closely with all other outside agencies, to include the local law enforcement, other Nevada Department of Corrections institutions and the local District Attorney's office, to name a few. Staff indicated they continually monitor any open casefile for any follow-up information needed. Investigative staff stated they make telephone calls or send emails weekly to ensure timelines are not delayed and information is sent to the right department when required.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.64: Staff first responder duties

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

### 115.64 (a)

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

### 115.64 (b)

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

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Evidence Reviewed (documents interviews, site review)**

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - First Responder staff
  - Random staff
  - Offenders that Reported Abuse
- First Responder training curriculum

AR 421 states that staff will respond to the scene of the incident to assist with security concerns, Medical/Mental Health needs of the offenders, contacting supervisors, securing the scene, making sure no evidence is destroyed and the escorting of offenders, if needed.

OP 421 states: The Warm Springs Correctional Center shall follow this institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and facility leadership. Sexual assault procedures for incidents that are reported within 72 hours of occurrence:

- Notify supervisor.
- Ensure the victim is safe and kept separated from the aggressor.
- If the first staff responder is not a custody staff member, the responder shall request that the alleged victim not take any actions to destroy physical evidence and then notify custody staff.
- Escort the victim to the nearest Departmental medical unit;
- Preserve and protect any crime scene until the appropriate steps can be taken to collect any evidence and until released by the Warden, Inspector General or designee.
- Collect clothing involved with incident and provide an orange jumpsuit to the inmate. Ensure that each clothing item is bagged separately in brown paper bags and booked into evidence.
- Temporarily place the suspect in a cell and immediately collect the suspect's clothing prior to leaving the inmate unattended to preserve evidence and prevent evidence from being destroyed, whether or not there is a wash basin.
- Evidence shall be collected with appropriate chain of evidence form attached.
- 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.

Per the PAQ, in the past 12 months, there was nine allegations of sexual abuse or sexual harassment.

The first responders that were interviewed during this audit were all able to explain their responsibility during a Prison Rape Elimination Act incident including: separating the suspect from the victim; taking steps to preserve any potential crime scene; requesting the victim not perform any activity that may destroy physical evidence; and placing suspects, under constant supervision, while awaiting transfer to the Sexual Assault Nurse Examiner to avoid destruction of evidence or further action.

Non-custody staff First Responders said they would notify custody staff and urge the alleged victim to not destroy evidence. Through those interviews, staff stated they would protect the offender, separate him from the alleged perpetrator, call the supervisor or security staff for further direction and notify investigators. All would be kept confidential except for staff that has a need to know.

During the interviews with staff from different disciplines, all of them knew their responsibilities when responding to a sexual assault. Each one knew their responsibility to separate the victim and suspect as well as immediately notify their supervisor. They would summon for emergency medical aide if needed. Additionally, they were able to articulate what requests they would have of the victim to help preserve physical evidence such as not bathing, brushing his teeth, going to the restroom or drinking liquids.

During the interview with the Warden, he stated that all staff are trained on the entire Prison Rape Elimination Act policy and procedures.

During training, staff, from all work categories, are given the information verbally and in written form. Then, at the completion of class, they are asked what they have learned and how they would respond.

Although the First Responders are trained in evidence collection, responding Investigator may also collect the evidence.

#### **115.64 Staff First Responder duties**

- **Concern:** During the staff training file reviews and interviews, a majority indicated that, during an initial allegation report, staff would ensure, instead of request, that the victim would not shower or toilet.

**Update:** On December 11, 2019, I received an email, from the PREA Compliance Manager, with signed acknowledgement forms, tracking sheets, the updated PowerPoint training and a memorandum, authored by the PREA Compliance manager, showing training completeness and how compliance to this Standard was achieved.

**Corrective Action:** No additional corrective action is required for this standard.

### **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

*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.*

## Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - First Responder staff
  - PREA Compliance Manager
- PREA Incident Operational Plan
- Various First Responder Checklist

OP 421 contains the institutional response plan for the Warm Springs Correctional Center. It contains detailed information about the responsibilities of each classification of responder.

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 Nevada Department of Corrections 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.

The Warden stated that the facility has a local procedure which describes the coordinated actions to be taken by the facilities Sexual Assault Response Team members. This response procedure mirrors the agency policy.

During the interviews with staff from different disciplines, all of them knew their responsibilities when responding to a sexual assault.

The PREA Compliance Manager was able to tell the auditing team, step by step, how the Warm Springs Correctional Center staff would respond to a Prison Rape Elimination Act incident. In addition to the policy and check list, the Shift Commander has contact information for managers who play a more significant

role in the response to Prison Rape Elimination Act so that they can be reached at any time of day or night. All of the staff, volunteers, and contractors interviewed knew what their specific role was when responding to a Prison Rape Elimination Act incident.

**Corrective Action:** No corrective action was required for this standard.

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

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

### **115.66 (a)**

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

### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

*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.*

### **Evidence Reviewed (documents interviews, site review)**

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Director
  - Warden

The Nevada Department of Corrections does not have collective bargaining, nor have they had it since their last PREA audit in 2016.

Interviews with the Director's Designee and the Warm Springs Correctional Center's Warden, confirmed that they currently do not have Collecting Bargaining and had not during this audit period.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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.*

### **Evidence Reviewed (documents interviews, site review)**

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Director
  - Warden
  - Staff charged with Monitoring Retaliation
  - PREA Compliance Manager

AR 421 states that staff shall monitor and protect all inmates and staff who report sexual abuse or cooperate with any investigation, from retaliation by both inmates and/or staff. Policy further states the monitoring shall be conducted and documented by a designated Lieutenant. A weekly check of NOTIS, where all new PREA Incident's will be added, will be conducted. Twice monthly, the Lieutenant will email the PCM that the Retaliation checks have been completed and an entry will be entered on the tracking log for each inmate who has been tracked for protection purposes. All inmates and staff will be monitored for a minimum of 90 days. Reason for continuance of more than 90 days, termination to an unfounded investigation, or transfers to another institution, will all be documented. In the case of transfer, the other institution will continue the process.

OP 421, under the section entitled Protection Against Retaliation and Monitoring states: The PCM shall be the staff member responsible for monitoring for retaliation. For at least 90 days following a report of sexual abuse, the facility or division shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and/or of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by other inmates or staff. Any such action shall be immediately remedied.

- Signs of possible retaliation to be monitored for include but are not limited to any inmate disciplinary reports not supported by proper reporting, housing or program changes, or negative performance reviews or reassignments of staff.
- The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- For inmate reporters or inmates who have allegedly suffered sexual abuse, periodic status checks will be included in the monitoring.

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.

The facility or division's responsibility to monitor retaliation can be terminated if the facility or division is notified that the allegation is unfounded.

The auditor was provided with the PAQ which states that there have been no instances of retaliation during the review period.



The Director's Designee indicated that through the admonishments at the beginning of the investigation, all individuals are warned about retaliation and told about the penalty, if they participate in any form of retaliation. The PREA Compliance Manager at each facility is responsible to monitor retaliation for victims, reporters, and witnesses, as appropriate for a minimum of 90-days. He stated that if an individual who cooperates with an investigation expresses a fear of retaliation, the reasons for those fears will be documented and an investigation will be initiated by the Inspector General, if warranted. He indicated that if a staff member is found to be retaliating, it is a dismissible offense. If it rises to the level of criminal, it will be referred to the Attorney General for prosecution.

The Warden indicated that for allegations of sexual abuse or sexual harassment, they maintain confidentiality of the information, to the extent possible; take steps to protect the victim; consider modified duty if staff are involved, monitor all involved individuals for signs of retaliation by the shift commander, Inspector General staff and the PCM. He stated when he suspects retaliation, he initiates an investigation immediately. He directs staff to take the actions necessary to stop any retaliation that may be occurring. The Warden indicated that agency policy prohibits placing inmates at high risk of sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas unless an assessment has determined that there are no available alternative measures of separation from potential abusers. He stated inmates at high risk for sexual victimization or who have alleged sexual abuse are not placed in involuntary segregated housing, unless there is no other alternative means to house him. If an inmate was placed in involuntary segregated housing, it would only be until he could be transported to another facility with safe housing. He further indicated there have been no examples in the last 12 months where an inmate was placed in segregated housing for making an allegation of sexual abuse.

Auditors used the blank investigation template that would be used if an allegation is made and a Protection Against Retaliation is needed. This form contained the following:

- Date of meeting
- Date of time period covered
- Those in attendance
- Notification numbers
- Annual Review updates
- Number of allegations that were reported for the particular month
- Number of allegations currently open
- Reviews of each allegation
- Protection Against Retaliation form (If needed)

Auditors also requested and received blank copy of the Prison Rape Elimination Act Retaliation Monitoring Data Sheets. This contains the time frames on when to monitor, what to look for and how to respond to actions taken. This form will have information for both offender and staff monitoring.

The checkoff at the bottom of the page shows the Monitoring Results to include:

- No Retaliation Found
- Continue Monitoring
- Retaliation Found and Addressed with Protective Measures
- Monitoring Ended due to result of allegation investigation being Unfounded

This form will have information for both offender and staff monitoring.

Interviews with the PREA Compliance Manager and Staff charged with Monitoring Retaliation stated that all offenders and/or staff will be monitored for a minimum of 90 days, unless the allegation becomes

Unfounded. If staff believe the monitoring should extend past 90 days, they will document their reason and end date.

In the case of transfer, the other institution will continue the process and send the copies back to the original institution.

During the interview with the Director's Designee, he stated that the facility will use the Protection Against Retaliation process to follow-up with victims who report. Staff will take appropriate action if there appears to be any retaliation. Once follow-up is completed, the documents are maintained in the offender's packet. If retaliation is suspected or confirmed, possible actions may include additional monitoring, transfer of housing or work location and possible discipline for the individual (staff or offender) who is retaliating.

During his interview, the Warden indicated the different measures used to protect offenders and staff from retaliation includes monitoring for appropriate changes in housing or work assignment, disciplinary actions, etc. The Warden also stated that retaliation is not acceptable and those who retaliate would be disciplined.

**Corrective Action:** No corrective action was required for this standard.

## 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

*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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire and supporting documentation provided.
- Interviews with the following:
  - Warden

**Note: The Warm Springs Correctional Center does not have a Segregation Housing Unit.**

OP 507, Administrative Segregation, for the Warm Springs Correctional Center, states that any use of segregated housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements outlined in standard 115.43. Policy also states that inmates placed in segregation for PREA related activities will be treated in accordance with all PREA guidelines. The unit caseworker is responsible for tracking all PREA inmates placed in segregation via the Administrative/Disciplinary Segregation Tracking Log. It is the unit caseworker’s responsibility to ensure that no inmates, at high risk of sexual victimization, shall be placed in involuntary segregation housing unless all assessments of available alternative have been made, and a determination has been made that there are no other means of separation of a likely abuser. Finally, a review will be completed every 30 days, if needed.

Per the PAQ, there have been no inmates at the Warm Springs Correctional Center retained in involuntary segregated housing during this review period, for any PREA related act.

The PREA Compliance Manager and Prison Rape Elimination Act Committee shall review the record and history of those offenders receiving a Sexual Violence Assessment Tool flag of Potential Aggressor or flag of Potential Victim as a recommended override by staff completing the assessment. The committee shall then reach a consensus on the Prison Rape Elimination Act flag status of those offenders in question. Offenders identified as a “likely Prison Rape Elimination Act aggressor” may be considered for housing in Administrative Restrictive Status Housing.

During document reviews and on-site tours, the audit team did not observe any Warm Springs Correctional Center offender, who alleged to have suffered sexual abuse, being held in involuntary segregated housing in past 12 months.

The Warden stated that the facility has limited housing options or programs that give the facility the ability to separate offenders. Also, the facility has not housed any offenders in protective custody/restricted housing, who have alleged to have suffered sexual abuse, during the past 12 months. During the audit tour and document review, the audit team could not find any cases where this had occurred.

**Corrective Action:** No corrective action was required for this standard.

**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

*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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden

- PREA Coordinator
- PREA Compliance Manager
- Investigative staff
- Offender who Reported Abuse
- Investigative Reports
- Training Records for Investigators

AR 339, Employee Code of Conduct, Investigative reports, training records and certificates, and the investigative training curriculum were reviewed by the audit team.

OP 457, Investigations, provides a detailed process that investigators must follow for all PREA investigations. It includes instructions about addressing accused staff members or inmate suspects, the admonition which must be addressed prior to interviews, expectations about documentation of all reports, referrals, and the steps of the investigation.

OP 421 under the section entitled Criminal and Administrative Investigations states:

- Nevada Department of Corrections, Office of the Inspector General will investigate all allegations of staff on inmate sexual abuse/sexual harassment and inmate on inmate sexual abuse.
- 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.
- All substantiated criminal cases shall be referred to the applicable prosecutorial authority for review of prosecution.

The Warden indicated that all investigations are conducted by Nevada Department of Corrections staff. There is typically little involvement by outside law enforcement agencies for PREA allegations.

The PREA Coordinator stated the Inspector General's Office is responsible to conduct the investigation for all PREA allegations.

The PREA Compliance Manager indicated that typically there is no outside law enforcement agencies involved in the process.

Both investigators that were interviewed indicated that the investigation into a sexual assault allegation is initiated the same day that the inquiry is completed and referred. They indicated that third party and anonymous reports are handled in the same manner as any other investigation. Both indicated they have received specialized training which consisted of an on-line course through NCIC.

Both indicated they have completed the departmentally approved training for sexual assault investigations in confinement settings. The investigators indicated that an incident report is initiated by the facility, when an allegation is received. The Warden at the facility makes the referral to the Inspector General via a memorandum. The information received is evaluated and referred to an Investigator at the Inspector General's office or referred back to the facility, to have institution staff complete the investigation. The assigned investigator will find out if there is any video, if there were staff involved, interview inmates and staff to try to establish if there are any witnesses, and review evidence gathered from the crime scene. The investigator writes a report, making recommendations and forwards the report to his supervisor.

Evidence the investigator would be responsible for gathering might include DNA evidence from the forensic exam, video recordings, sign-in sheets, housing unit logs, correspondence, phone calls and mail. Both investigators indicated that if they discover evidence that a prosecutable crime may have taken place, they consult with the Attorney General of Nevada before they conduct compelled interviews. They indicated that they judge credibility of the involved individuals on a case-by-case basis and the things

they take into account include their history and how they present themselves during the interview process. When questioned about their efforts, during an administrative investigation, to determine whether staff actions or failure to act contributed to the sexual abuse, both investigators indicated they review the evidence to try and determine if staff did their job. At the conclusion of an administrative investigation, they complete a written report which includes all of the same items they include in a criminal investigation. They ensure they address who, what, where, when, why (if known), witness statements, and evidence collected. Both investigators indicated that they refer any substantiated case of sexual abuse for criminal prosecution and that they continue all investigations until completed, regardless of the employment status of the staff member who has been accused or incarceration status of the accused inmate.

Additionally, all allegations of sexual abuse and sexual harassment shall be investigated even when the alleged perpetrator or alleged victim have left the Department's employment, or are no longer under Department authority. Sexual abuse reports shall be investigated by the facility's Investigations and Intelligence staff. Sexual harassment reports shall be investigated by staff designated by the Superintendent to conduct administrative investigations. Staff conducting either sexual abuse or sexual harassment investigations shall be trained in conducting sexual abuse investigations in a confinement setting, preserving evidence, maintaining chain-of-custody, and staff and offender sexual misconduct.

Investigators must be trained as Sexual Assault Response Team members prior to completing investigations of sexual abuse or sexual assaults.

Offenders who allege sexual abuse will not be required to submit to a polygraph examination as a condition for proceeding with the investigation of an allegation.

Policy also states that Sexual Incident Reports and investigation reports shall be retained for five years beyond the abuser's incarceration or employment.

The agency conducts both administrative and criminal sexual abuse investigations for sexual harassment, sexual abuse, and staff sexual misconduct. The facility-based investigators conduct all investigations to including those arising from third party and anonymous reports.

Interviews indicated that reports of investigations of alleged sexual abuse and sexual harassment shall be maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

The PREA Statewide Coordinator, stated she works closely with all of Nevada Department of Corrections PREA Compliance Managers. She communicates through telephone and email to ensure all allegations are investigated thoroughly and properly documented. Additionally, she stated that maintains the sexual abuse data for ten years after collection. During her interview, the Statewide PREA Coordinator confirmed that all investigative staff receive specialized training which meet this provision of the standard.

During interviews and discussion with investigative staff, each of them stated that the credibility of the individual being interviewed is not based on their status as an employee or offender, it is based on an individual basis. Nevada Department of Corrections 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.

Investigative staff said when they are assigned and contacted for a Prison Rape Elimination Act allegation investigation, they respond directly to the scene/facility. They investigate and gather evidence whether the allegations are against staff or offenders and review past history and prior complaints. They do not

use any type of truth telling device as a condition of proceeding with an investigation. The local Investigator would confer with Headquarters staff, during case reviews, if needed. Investigators further stated that they continually keep in contact with any outside agency if they are needed during an investigation. Finally, Investigators stated that all investigations continue even if a staff leaves the facility or retires or if an offender is transferred to another facility or is paroled.

**Corrective Action:** No corrective action was required for this standard.

## 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

*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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - Investigative staff
- Any Investigative reports for allegations of Sexual Abuse

AR 339, Employee Code of Conduct, and investigative case files were reviewed by the audit team. Policy mandates the agency impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

AR 421 and the PREA Manual states: The agency shall impose no standard higher than a preponderance of the evidence in determining if a PREA case is substantiated or not substantiated.



Through interviews with two investigative staff, the auditor was told that the standard of evidence used by the Nevada Department of Corrections in PREA investigations is a preponderance of evidence.

Nevada Department of Corrections policy speaks to the outcomes of an allegation to include:

- Substantiated: An allegation that was investigated and determined to have occurred based on a preponderance of the evidence.
- Unsubstantiated: An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.
- Unfounded: An allegation that was investigated and determined not to have occurred.

During the interview with the Warden, he stated the outcome of all allegations is based on the evidence presented, in totality, of the reports. After the investigation is completed, they will be one of three conclusions:

- Substantiated: The allegation was determined to have occurred by a preponderance of the evidence. The training that all Appointing Authorities attend, teaches that substantiation is 51% that they are sure that the event occurred.
- Unsubstantiated: Evidence was insufficient to make a final determination that the allegation was true or false.
- Unfounded: The allegation was determined not to have occurred.

During interviews with Investigative staff, they confirmed that no evidentiary standard higher than a preponderance of evidence is utilized when determining whether allegations are substantiated for administrative investigations. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. Further, Preponderance of Evidence is evidence that is of greater weight or more convincing than the evidence that is offered in opposition to it. That is, evidence which, as a whole, shows that the fact sought to be proved is more probable than not.

**Corrective Action:** No corrective action was required for this standard.

## 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*)

### **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.*

### **Evidence Reviewed (documents interviews, site review)**

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - Investigative staff
- Any Investigative reports for allegations of Sexual Abuse

OP 457 requires that following an investigation into an offender's allegation that he or she suffered sexual abuse or sexual harassment by another offender or staff in a department facility, the PCM shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy also requires that following an offender's allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, the agency informs the offender of the four bullets in this provision. Following an offender's allegation that he has been sexually abused by another offender in another agency facility, the agency subsequently informs the alleged victim whenever the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility. All notifications or attempted notifications shall be documented. This documentation is done in NOTIS.

Through review of the PAQ, the auditor learned there were nine allegations of sexual abuse or sexual harassment in the past 12 months. Review of the PREA Compliance Manager and Office of the Inspector General's log showed nine allegations from the Warm Springs Correctional Center.

Nevada Department of Corrections policy states that following an investigation into an offender's allegation that he or she suffered sexual abuse or sexual harassment by another offender or staff in a Department facility, the PREA Compliance Manager shall inform the offender in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If the facility did not conduct the investigation, the PREA Compliance Manager shall request the relevant information from the investigative agency or facility in order to inform the offender.

Following an offender's allegation that he or she has been sexually abused by another offender, the facility shall subsequently inform the alleged victim whenever:

- The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or,
- The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy also states that following an offender's allegation that a staff member has committed sexual abuse, the facility shall subsequently inform the offender whenever:

- The staff member is no longer posted within the offender's unit;
- The staff member is no longer employed at the facility;
- The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or,
- The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications shall be documented.

Nevada Department of Correction's facility staff conducts administrative and criminal investigations on all Prison Rape Elimination Act related matters. Staff at the facility will maintain continual contact with the Headquarters staff during this process.

During interviews with Investigative staff, they indicated that they have a local liaison with law enforcement if they are investigating any cases. Also, they maintain the allegation/incident file and review it daily for any needed information, or notifications required.

During the interview with the PREA Compliance Manager, he stated that once the offender is notified of the outcome of any investigation, that process and notification is, at a minimum, written into the Investigation Report. The auditor was provided with several Investigation Reports that indicated the date the offender was informed of the outcome and which staff member spoke to them.

During the interview with the Warden, he stated he regularly receives information from the Investigators, the PREA Statewide Coordinator and the PREA Compliance Manager as to updates on any Prison Rape Elimination Act concerns.

**Corrective Action:** No corrective action is needed for 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

*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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden

AR 339 states that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. The policy does not differentiate between lesser and more significant levels of staff misconduct and states that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

OP 421 in the section entitled Disciplinary Sanctions for Staff, it states:

- Staff members who engage in sexual misconduct may be referred for prosecution under NRS 212.187 and are subject to internal disciplinary measures up to and including termination as defined in AR 339.
- Romantic relationships between a staff member and inmate are subject to internal disciplinary measures to include termination as defined in AR 339.
- Disciplinary sanctions for violations of agency policies governed by Administrative Regulation 339 relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
- Staff members who know of or are aware of another staff member(s) engaging in sexual misconduct or harassment, who fail to report the information, are subject to internal disciplinary measures up to and including termination as defined in AR 339.
- Staff who fail to report or covers up such conduct may also be criminally charged under NRS: Chapter 195 – Parties to Crimes, should they have knowledge of a staff member engaging in sexual misconduct with an inmate, and said staff member(s) fails to report or covers up such conduct are in violation of NRS 212.187 and said staff member(s) fails to report or covers up such conduct.
- 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.
- The Warm Springs Correctional Center shall not enter into or renew 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 a determination of whether and to what extent discipline is warranted.

Per the PAQ, in the past 12 months, there was no staff that violated the sexual harassment or sexual abuse policies.

Through the interview with the Warden, he stated that the Warm Springs Correctional Center had no staff members either terminated or resigned, during the past 12 months, for violating the agency sexual abuse or sexual harassment policy.

**Corrective Action:** No corrective action was required for this standard.

## 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

*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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - PREA Compliance Manager

AR 421 mandates any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. It further mandates the agency shall not enlist the services of any of those volunteers, interns, or contractors, who may have contact with offenders.

OP 421 in the section entitled Corrective Action for Contractors and Volunteers states:

- Any contractor or volunteer at the Warm Springs Correctional Center who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal.
- the Warm Springs Correctional Center shall take appropriate 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.

Per the PAQ, there have been no contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates, during the past 12 months.

Additionally, all staff terminations for violations of the Department's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement and to any relevant licensing bodies, unless the activity was clearly not criminal.

Additionally, volunteers, interns, and contractual staff shall be advised that any form of sexual abuse and sexual harassment with an offender, whether consensual or not, is strictly prohibited and that any volunteer, intern, or contractual staff found to have engaged in such conduct shall be removed from the facility, not allowed to return and may be subject to criminal prosecution. Information about substantiated cases of sexual abuse shall be forwarded to the appropriate licensing body for review where applicable.

During an interview with the PREA Compliance Manager, he stated that in the past 12 months, there has been no contractors or volunteers reported to a law enforcement agency and/or relevant licensing bodies for engaging in sexual abuse of offenders. Additionally, during this audit period, the Warm Springs Correctional Center has not had any contractor or volunteer terminated or resigned for violating the agency sexual abuse or sexual harassment policy.

During the interview with the Warden, he confirmed that any/all allegations against contractors and volunteers would be immediately investigated and the contractor or volunteer would be suspended from facility grounds pending completion of the investigation and its finding. (Gate Closure). Additionally, the Warden stated that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Finally, the Warden stated there have not been any volunteers or contractors suspected of sexual abuse or sexual harassment at the Warm Springs Correctional Center during the past 12 months.

**Corrective Action:** No corrective action was required for this standard.

## 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

*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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - Medical staff
  - Mental Health staff

AR 707, Inmate Disciplinary Procedure, states offenders will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender on offender sexual abuse or following a criminal finding of guilt for offender on offender sexual abuse. It mandates that sanctions against offenders are to be commensurate with the nature and circumstances

of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. Should the facility offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. Participation in this type of counseling is not made a condition of access to programming or other benefits.

Policy states that the agency may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact and that 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. It states all sexual activity between offenders is prohibited and offenders may be disciplined for such activity.

OP 421 in the section entitled Disciplinary Sanctions for Inmates, it states: Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process outlined within AR 707 following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Additionally, inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process outlined within AR 707 for acts of sexual harassment and consensual sexual acts. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, in inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. Upon findings of guilt during the disciplinary hearing, the hearing officer will submit a referral for the inmate to be seen by the mental health department. The mental health staff will offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.

The facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Warm Springs Correctional Center prohibits all sexual activity between inmates and may discipline inmates for such activity. The Hearing Officer may not, however, deem such activity to constitute sexual abuse if he/she determines that the activity is not coerced.

Victims have the right to refuse medical and/or mental Health Services, after receiving counseling about the potential value of the services they would receive and information about confidentiality. Should the offender refuse or decline medical treatment the offender shall sign a State Form 9262, "Refusal and Release of Responsibility for Medical, Surgical, Psychiatric and Other Treatment," which shall be documented in the offender's Health Services record.

During interviews with Mental Health staff, they indicated that their actions, if needed, would comply with state policy. They shall conduct a mental health evaluation of the known offender abuser within 60 days of learning of such abuse history and offer treatment when deemed appropriate. Additionally, the auditors were told the facility offers specialized therapy, counseling and other interventions to address underlying reasons for abuse. The offender's issues would be addressed during regular counseling sessions, group counseling sessions or individual counselling sessions, as needed. At the Warm Springs Correctional Center, participation in this type of counseling is not made a condition of access to programming or other benefits.

When interviewed, the Warden said that offender discipline is based on the level of the violation and penalties are imposed comparable to other offender's penalties. Penalties might include placement in restricted housing, program reassignment, individualized behavior plans and prosecution. He also added that if the offender has a mental health history, mental health staff will be involved throughout the process. Additionally, the Warden stated that Mental Health concerns are always considered when the investigation and adjudication occur.

The Warden also stated that the Warm Springs Correctional Center has never disciplined an offender for reporting a potential Prison Rape Elimination Act related case in good faith, even if the findings in the case were unsubstantiated or unfounded. However, if warranted, an offender would be disciplined or received sanction as a result of a Prison Rape Elimination Act case that was investigated and an offender was determined to have potentially committed a crime.

**Corrective Action:** No corrective action was required for this standard.

## 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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Medical staff
  - Mental Health staff
  - Staff who screen for Victimization
- Offender Custody file

AR 643 states that all mental health services will be provided by qualified mental health providers. It further indicates that all inmates with mental illness, intellectual disabilities, developmental disabilities, a history of mental health treatment or intervention, or with current symptoms, should be identified, evaluated, and have information entered into the medical record and NOTIS. Arriving inmates who appear to be in need of any other mental health intervention will be referred to an institutional psychiatrist, psychologist or psychiatric nurse for appropriate housing placement and clinical follow-up. Inmates referred for non-emergency mental health care will be evaluated within 14 days after the date of referral.

All incoming offenders should be evaluated by a mental health professional at intake units as part of the initial classification process. All newly arrived inmates should be evaluated by Mental Health staff for, but not limited to, the following: suicide potential, symptoms of mental illness; level of intellectual functioning; level of aggression; potential for escape; deviant sexual behavior; and history of sexual abuse (aggressor and/or victim). Inmates may be referred to a mental health professional for further evaluation and treatment when indicated.

Inmates referred for non-emergency evaluations must be seen by the appropriate provider within 14 days of referral. Inmates with a history of sexual abuse must be referred in a timely manner for mental health counseling and custody must be notified within 72 hours.

Policy mandates Medical and Mental Health staff obtain consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. Offenders are made aware of this process and staff uses the Nevada Department of Corrections Consent-Release of Medical Information form used to obtain the required consent.

Medical INP 200, Health Care Services, section II, address how Nevada Department of Corrections 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.

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.

OP 609 states: If the PREA Risk Assessment screening done by the classification committee at intake indicates that an inmate has experienced prior sexual victimization and/or has previously perpetrated sexual abuse, whether it occurred in an institutional or jail setting or in the community, staff shall ensure that inmate is offered follow-up medical and/or mental health meeting within 14 days of the intake screening. All medical and mental health practitioners shall obtain informed consent utilizing Nevada Department of Corrections Form 2548 from the victim before reporting any information about any prior victimization that did not occur in a confinement setting unless the victim is under the age of 18.

Staff shall not discuss an offender's Prison Rape Elimination Act flag status with an offender at any time. If the assessment indicates that an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Based upon this assessment, the offender shall be placed in the appropriate housing; however, no facility shall place lesbian, gay, bisexual, transgender or intersex offenders in dedicated units solely on the basis of such identification or status. If staff determines that an offender is a potential aggressor or potential victim, the offender's record shall be appropriately flagged in the offender information system and/or juvenile data system.

During interviews with the Medical and Mental Health staff, they stated that they obtain consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. They ask each offender for their consent to inform other, non-medical or mental health staff due to the nature of the information. This consent is obtained on a Disclosure of Victimization form. All interviewed stated there were limitations with information as they are mandatory reporters. 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.

The PREA Compliance Manager indicated that any of the above listed information is kept confidential and only certain classifications can view the information.

Policy further states all services provided for the above related treatments shall be free of charge.

### 115.81 Medical and Mental Health screening; history of sexual abuse

- **Concern:** During intake screening reviews, it was shown that some 14-day reviews, 30-day tracking reviews and four out of five referrals were shown completed but documentation could not be readily found. The current process is a manual Input process and items are placed in different areas.
- **Update:** On February 3,2020, I received an email, from the PREA Compliance Manager, with offender intake information and updated tracking reviews during the months of November and December 2019 and January 2020 and a memorandum, authored by the PREA Compliance Manager, showing how all previous offenders files had been reviewed. If any were out of compliance during that review, reviews were conducted and documented. This showed how this portion was brought into compliance

**Corrective Action:** No additional corrective action is required for this standard

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

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

### 115.82 (a)

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - First Responders
  - Medical staff
  - Mental Health staff

Operational Procedure 609 states: All inmate victims of sexual abuse will receive timely unimpeded access to emergency medical/mental health treatment which will be determined by the health practitioners' professional judgment. 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 of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

If medical personnel detect signs of potential sexual abuse during a routine medical or dental examination, they are required to discuss their concerns with the offender and report their suspicions of all incidents of offender sexual assaults that occur in the Department with Investigations and Intelligence staff. Offenders can refuse to report incidents that occurred prior to their incarceration in the Department. Offender refusals to report should be signed by the victim and documented in the offender's medical file. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

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 the Warm Springs Correctional Center that need emergency medical care that cannot be provided at the facility are transferred to a local hospital. Nevada Department of Corrections 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 Nevada Department of Corrections is a member of. All of the hospitals in this network have emergency rooms.

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 interviews with Medical and Mental Health staff, they shared that staff respond immediately when noticed of any incident, to include an incident of sexual abuse. The medical care is their priority and all treatment are based on their professional judgement. Offender victims of sexual abuse, while incarcerated, are offered, without financial cost, 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.

All Medical and Mental Health staff interviewed stated they have received the 'Specialized Training for Medical and Mental Health training. Certificates were provided electronically to the auditors.

During interviews with Custody staff, who acted as first responders stated that when an incident call is received, the staff isolate the victim and immediately secure the area. Staff stated their first concern is the safety, medical and mental health of the victim. If needed, medical staff is summoned to the scene to treat the victim or the victim is transported to the medical service area. Either way, treatment will occur in a private area.



During interviews with the SANE staff at the Carson-Tahoe Regional Medical Facility, the Supervising Registered Nurse stated that they provide 24/7 service to victims. She stated there is always someone on call, but in a rare occasion that a SANE nurse was not available, the Emergency Room Doctor will perform the forensic exam.

**Corrective Action:** No corrective action was required for this standard.

## **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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Medical staff
  - Mental Health staff

OP 609 indicates that abuse victims will be offered tests for sexually transmitted infections as deemed medically appropriate and that mental health staff shall attempt to conduct mental health evaluations of all known inmate on inmate abusers within 60 days of learning of the known abuse. It further indicates that the Warm Springs Correctional Center will offer medical and mental health follow-up services as appropriate to all inmates who have been victimized in any confinement facility. The follow-up treatment provided will be consistent with the standard community level of care.

Policy states that victims of sexual abuse shall receive timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, whether or not they name an abuser or cooperate with the investigation.

The evaluation and treatment of victims shall include, as appropriate, follow-up services, treatment plans, and, when clinically indicated, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility shall provide victims with medical and mental health services consistent with the community level of care.

If no qualified medical or mental health staff persons are on duty at the time a report of recent sexual abuse is made, first responders shall take preliminary steps to protect the victim and shall immediately notify the shift supervisor. On-call medical or mental health staff shall be contacted and apprised of the report.

Victims of sexual abuse shall be provided counseling by Health Services staff in a sensitive, culturally competent, and easily understood manner regarding transmission, testing and treatment methods (including prophylactic treatment), and the risks associated with sexually transmitted infection treatment. Medical personnel shall offer and encourage testing for HIV and viral hepatitis six to eight weeks following the sexual abuse.

Following an investigation substantiating an incident of offender-on-offender sexual abuse and/or if during risk screening it is determined an offender committed offender-on-offender sexual abuse, even if at another facility; mental health staff shall conduct a mental health evaluation of the known offender abuser within 60 days of learning of such abuse history and offer treatment when deemed appropriate.

During interviews with Custody staff, who acted as first responders stated that when an incident call is received, the staff isolate the victim and immediately secure the area. Staff stated their first concern is the safety, medical and mental health of the victim. If needed, medical staff is summoned to the scene to treat the victim, or the victim is escorted to the medical services area.

During interviews with Medical and Mental Health staff, they shared that staff respond immediately when noticed of an incident of sexual abuse. The medical care is their priority and all treatment are based on their professional judgement. Offender victims of sexual abuse, while incarcerated, are offered, without financial cost, 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.

**Corrective Action:** No corrective action was required for this standard.

## 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.*

### **Evidence Reviewed (documents interviews, site review)**

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - PREA Compliance Manager
  - Incident Review Team Members
- Meeting notes, with sign-in sheets

AR 421 states that each facility 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 PCM will track and notify the review team upon learning of the completion of any sexual abuse/harassment investigation. It further states that the review team shall document their findings on the Committee Review for Sexual Abuse form and shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; shall consider whether the incident or investigation was motivated by race, ethnicity, gender identity, or perceived sexual preference; to examine the area the incident allegedly occurred; adequacy of staffing levels; and the use of monitoring technology. Afterwards, a report will be documented stating if any changes were to be implemented.

OP 421, in the section titled Sexual Abuse Incident Reviews, it states: The Warm Springs Correctional Center 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. The review team shall be selected by the Warden and should include preferably the Associate Warden, CCSIII, Lieutenant and medical and/or mental health care practitioners as needed. The investigative staff member from the Inspector General's office will also participate in the incident review team. 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 PCM.
- The Review Team shall implement the recommendations for improvement or shall document the reasons for not doing so.

As reported in the PAQ, in the past 12 months, there were nine criminal or administrative investigations of alleged sexual abuse or sexual harassment completed at the Warm Springs Correctional Center.

The facility shall employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Interviews with the PREA Compliance Manager and one of the facility’s Prison Rape Elimination Act Meeting committee members indicates that the committee will review each investigation and address each of the criteria required per the standard.

The minutes will be submitted to the Warden by the PREA Compliance Manager to ensure any modifications recommended by the committee are completed. Following these facility-based actions, a final examination of the Incident Review documentation is conducted by PREA Statewide Coordinator to ensure full standard compliance and process integrity.

**115.86 Sexual Abuse Incident Review**

- **Concern:** During the review of the Sexual Abuse Incident Committee Review’s indicated that the Standard had not been fully met as it pertains to information required in the most recent review.  
  
**Update:** On November 17, 2019, I received an email, from the PREA Compliance Manager, with the entire Sexual Abuse Incident Review Committee packet and memorandums, authored by the Warden, showing completeness and how compliance to this Standard was achieved.

**Corrective Action:** No corrective action was required for this standard.

**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

*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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Coordinator
  - PREA Compliance Manager
- 2017 & 2018 Annual Report posted on the Nevada Department of Corrections website

AR 421, the Nevada Department of Corrections PREA Manual and the Survey of Sexual Violence documents were reviewed by the audit team.

Policy mandates the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization-II (SSV-II) conducted by the Department of Justice.

All data is aggregated annually and displayed on the agency's website. The policy requires the facility to maintain, review, and collect data for all allegations.

OP 421 states: The Warm Springs Correctional Center shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, including by:

- Data will be compiled by the PCM pertaining to PREA incident and reports.
- The data will be used to:
  - Identify problem areas.
  - Document corrective action taken on an ongoing basis for those areas identified as problematic.
  - All data collected and compiled will be forwarded to the agency PREA Coordinator for inclusion in the annual report.

Nevada Department of Corrections utilizes the SSV-II to collect and report data to the federal Department of Justice. The process utilized to collect the data is outlined in the PREA Manual – Data Collection section. A copy was provided to the auditor with the PAQ.

The Nevada Department of Corrections PREA handbook requires that the Inspector General, PREA Management Team, 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 conducted by the Department of Justice. The Inspector General, PREA Management Team 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 Nevada Department of Corrections via the Nevada Offender Tracking Information System. This allows for the Nevada Department of Corrections to ensure that all reports are consistent. The information provided to the PREA Coordinator is sufficient to complete the Department of Justice' Survey of Sexual Violence form. Each Prison within the Nevada Department of Corrections uses the same set of definitions when documenting sexual assault and sexual harassment within the corrections system

The audit team was provided with the agency's Survey of Sexual Victimization State Prison Survey form. They also reviewed the agency's website and observed previous Surveys of Sexual Victimization posted there. This auditor reviewed the aggregated data for years 2017 & 2018.

The Nevada Department of Corrections publishes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, on its public website.



During the interview with the PREA Compliance Manager, he stated that each individual Sexual Incident Report will be submitted to him and discussed at the next facility Prison Rape Elimination Act Committee meeting. The Prison Rape Elimination Act Compliance Manager also stated and provided documentation, that he will maintain a record of all reports of sexual abuse at the facility. The PREA Compliance Manager also discussed and provided the Monthly Prison Rape Elimination Act Incident Tracking Logs that are reviewed by the Warden and Prison Rape Elimination Act Coordinator, monthly.

During the interview with the Statewide PREA Coordinator, she stated that the facilities have access to the agency's Sexual Incident Reporting system. This is the system utilized to collect Prison Rape Elimination Act data. The information is then compiled and reported to the Department of Justice, annually.

The audit team was provided with the agency's current Annual Assessments and also reviewed the agency's website and observed previous Surveys of Sexual Victimization posted there.

**Corrective Action:** No corrective action was required for this standard

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

- 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.*

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Warden
  - PREA Coordinator
  - PREA Compliance Manager

OP 421 in the section entitled Data Review for Corrective Action states: The Warm Springs Correctional Center shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, including by:

- Data will be compiled by the PREA Compliance Manager pertaining to PREA incident and reports.
- The data will be used to:
  - Identify problem areas.
  - Document corrective action taken on an ongoing basis for those areas identified as problematic.
  - All data collected and compiled will be forwarded to the agency PREA Coordinator for inclusion in the annual report.

The auditor reviewed the annual reports and determined there was no corrective action needed for this Standard, identified for the Warm Springs Correctional Center.

The Nevada Department of Corrections PREA Manual requires that the Director, or designee, Deputy Director of Operations, and the Inspector General's 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 were reviewed by this auditor. The report contained the PREA data on each of the, currently open, 18 Nevada Department of Corrections 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 Nevada Department of Corrections, Inspector General's website

The PREA Coordinator indicates the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. She further indicated that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

The 23-page 2017 PREA, Nevada Department of Correction's Sexual Assault Prevention Program, Annual Report was provided and reviewed. This document was also found on the Departments website at [http://doc.nv.gov/About/NDOC\\_Office\\_of\\_the\\_Inspector\\_General/PREA\\_Incidents\\_and\\_Annual\\_Reports/](http://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/PREA_Incidents_and_Annual_Reports/)

This document covers data from 19 different facilities, one of which is now closed, to include the Warm Springs Correctional Center.

The PREA Compliance Manager indicated that all Sexual Incident Report information is provided quarterly to the Statewide PREA Coordinator for review and annual reporting. After completion, this report is posted on the Nevada Department of Corrections website.

**Corrective Action:** No corrective action was required for this standard.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Warm Springs Correctional Center's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Coordinator
- Nevada Department of Corrections website

AR 421 requires the agency to ensure that data collected pursuant to standard 115.87 are securely retained and to make all aggregated sexual abuse data from facilities under its direct control readily available to the public at least annually through its public website. It requires the department to remove all personal identifiers from aggregated sexual abuse data before making said data publicly available.

OP 421 in the section entitled Data Storage, Publication and Destruction states: the Warm Springs Correctional Center shall ensure that data collected are securely retained by: 1) All collected data will be considered "Confidential" in nature; and 2) Only the PREA Compliance Manager or the facility Warden's may disseminate any PREA related data.

All of the PREA data is maintained in the State of Nevada's Inspector General's Office. According to policy, the data is to be maintained 10 years. The aggregated data is maintained on the Nevada Department of Corrections 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, that is available to the public, indicated that there was no personal identifier included in the information.

A review of the website demonstrates aggregated sexual abuse data from facilities under its control to the public is posted, as required. Information displayed on the agency website, contains no personal identifiers. All offender copies of sexual incident reports are maintained in the confidential section of the offender's file. No federal, state or local law was provided by the agency to indicate there was a law in place to require a data maintenance procedure which would supersede standard provision 115.89(d).

The Nevada Department of Corrections publishes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, on its public website at the following: [http://doc.nv.gov/About/NDOC\\_Office\\_of\\_the\\_Inspector\\_General/PREA\\_Incidents\\_and\\_Annual\\_Reports/](http://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/PREA_Incidents_and_Annual_Reports/)

**Corrective Action:** No corrective action was required for this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the 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.*

### Evidence Reviewed (documents interviews, site review)

During the prior three-year audit period, the agency ensured that each facility was audited at least once. This is the first year of the current audit cycle, August 20, 2019 to August 19, 2022 and the agency ensured that at least one-third of each facility type will be audited during the first, second and third year of this current audit cycle.

The auditor had access to and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with staff and offenders.

Offenders, staff and/or Third parties were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

The Warm Springs Correctional Center's previously audits were finalized on August 18, 2014 and again on April 10, 2017.

This audit of the Warm Springs Correctional Center was conducted on October 28-30, 2019.

During the on-site audit, auditors were able to speak with any staff member or offender, at any time, in a confidential setting. We were also provided any and all documentation requested/required in a timely fashion. Finally, the auditors were able to walk throughout all areas of the institution, under escort, that were requested/required.

During offender interviews, auditors were informed that offenders had access to send confidential mail to the posted auditors address at any time during the pre-audit, on-site audit and post audits. It should be noted, I did receive two written correspondence from offenders/family or staff at the Warm Springs Correctional Center, at this time.

This commitment to Prison Rape Elimination Act related issues, by the Nevada Department of Corrections, was reiterated and confirmed during interviews with the Director's Designee, Warden and Agency Prison Rape Elimination Act Coordinator.

**Corrective Action:** No corrective action was required for this standard.

## 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 appeals 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.*

**Evidence Reviewed (documents interviews, site review)**

The agency has published, on its agency website, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years preceding this agency audit.

The completed Nevada Department of Corrections Prison Rape Elimination Act Audit reports are located and available to be reviewed on the department's website.

The Nevada Department of Corrections website contains a copy of the previous audits conducted at the Warm Springs Correctional Center. It can be found by going to the NDOC PREA home page at the following link:

[http://doc.nv.gov/About/NDOC\\_Office\\_of\\_the\\_Inspector\\_General/PREA\\_Audits/](http://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/PREA_Audits/)

The past audit, dated April 10, 2017, which was finalized and posted on the agency website, was reviewed prior to this audit.

**Corrective Action:** No corrective action was required for this standard.



## AUDITOR CERTIFICATION

I certify that:

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

### **Auditor Instructions:**

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

Roger Lynn Benton

April 10, 2020

**Auditor Signature**

**Date**