

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

Interim Final

Date of Report August 31, 2018

Auditor Information

Name: John Katavich	Email: john.katavoch@cdcr.ca.gov
Company Name: California Department of Corrections and Rehabilitation	
Mailing Address: 1515 "S" St, 344-N	City, State, Zip: Sacramento, Ca
Telephone: (916) 324-6688	Date of Facility Visit: February 8, 2017

Agency Information

Name of Agency: Nevada Department of Corrections		Governing Authority or Parent Agency (If Applicable): State of Nevada	
Physical Address: 5500 Synder Avenue Building 17		City, State, Zip: Carson City, NV. 89701	
Mailing Address: Same as above		City, State, Zip: Click or tap here to enter text.	
Telephone: (775) 887-3285		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: http://doc.nv.gov/About/Mission_Statement/Home/			
Agency Website with PREA Information: http://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/Office_of_the_Inspector_General/			

Agency Chief Executive Officer

Name: James Dzurenda	Title: Director
Email: jedzurenda@doc.nv.gov	Telephone: (702) 486-9912

Agency-Wide PREA Coordinator

Name: Debra Striplin	Title: NDOC PREA Coordinator
Email: dstriplin@doc.nv.gov	Telephone: (775) 887-3142

PREA Coordinator Reports to: Director of Corrections	Number of Compliance Managers who report to the PREA Coordinator 9
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Facility Information

Name of Facility: Jean Conservation Camp

Physical Address: 3 Prison Road, Jean, Nevada 89019

Mailing Address (if different than above): P O Box 19859, Jean, Nevada 89019

Telephone Number: (702) 874-2509

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Facility Type: Jail Prison

Facility Mission: Fire Camp

Facility Website with PREA Information:
http://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/Office_of_the_Inspector_General/

Warden/Superintendent

Name: Dwight Neven Title: Warden

Email: dneven@doc.nv.gov Telephone: (702) 668-7201

Facility PREA Compliance Manager

Name: Helen Peterson Title: Correctional Caseworker 3

Email: hpeterson@doc.nv.gov Telephone: (702) 486-9934

Facility Health Service Administrator

Name: Lailani Flores Title: Director of Nursing

Email: lflores@doc.nv.gov Telephone: (702) 668-7300

Facility Characteristics

Designated Facility Capacity: 240 Current Population of Facility: 167

Number of inmates admitted to facility during the past 12 months 446

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 391

Number of inmates admitted to facility during the past 12 months whose length of stay in the 442

facility was for 72 hours or more:		
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 19-72
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0
Average length of stay or time under supervision:		12 months
Facility security level/inmate custody levels:		Minimum
Number of staff currently employed by the facility who may have contact with inmates:		19
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		2
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		0
Physical Plant		
Number of Buildings: 8	Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:	0	
Number of Open Bay/Dorm Housing Units:	5	
Number of Segregation Cells (Administrative and Disciplinary):	0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
The facility does not have any cameras.		
Medical		
Type of Medical Facility:	Clinic staffed by a nurse	
Forensic sexual assault medical exams are conducted at:	University Medical Center, Las Vegas NV	
Other		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	96	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	19	

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 Jean Conservation Center (JCC), a facility of the Nevada Department of Corrections (NDOC), is located at 3 Prison Road, Jean, Nevada. JCC is participating in a Prison Rape Elimination Act (PREA) audit conducted by certified auditors from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above during the period of February 6th and 8th, 2018. Following coordination, preparatory work and collaboration with management staff at the JCC, some pre-audit work was completed prior to traveling to the facility for the onsite review portion of the audit.

PRE-AUDIT PHASE

On December 19, 2017, the CDCR provided the audit notice to NDOC's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from NDOC, JCC on December 29, 2017. Notices were to be posted in areas accessible to both inmates and staff. Proof of the postings were forwarded to this auditor on December 20, 2017.

Pre-audit section of the compliance tool: On December 29, 2017, the PREA Compliance Manager from JCC provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. This auditor started completing the audit section of the compliance tool by transferring information from the pre-audit questionnaire and from supporting documentation to the pre-audit section of the compliance tool. While reviewing the provided documentation, this auditor made notes on documents that needed clarification and questions for the PCM during the on-site visit. The auditor did not receive any letters from inmates housed at JCC, prior to, during or following this audit.

ON-SITE PHASE

On October 5, 2017, the audit team met with Acting Warden Gary Piccinini, Associate Warden Gabriela Garcia, NDOC PREA Coordinator Deborah Striplin, PCM Helen Peterson and other support staff for greetings, introductions and information sharing. The meeting was held in the conference room at Florence McClure Women's Correctional Center.

On February 6, 2017, the audit team reviewed personnel files and investigation documents at the NDOC Southern Region Offices. We then arrived at JCC 10:30 PM to interview the staff that work the 10PM to 6 AM shift. The audit team consisted of me (certified auditor) and Nancy Hardy, certified PREA auditor.

Prior arrival at JCC, the audit team requested and received the names of the employees assigned in the management and specialized staff positions, who might be interviewed during this audit. Because of the mission of JCC, there are no management staff physically located at the facility. Arrangements were made to interview the management staff, either via telephone or in person, prior to arriving at JCC.

Once at JCC the audit team received a roster of all inmates at the facility with identification numbers and assigned bed numbers, sorted by housing unit. The auditor also requested a list of inmates classified into any of the following categories:

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

The audit team was informed that, of the list requested, JCC only had inmates in the Gay & Bisexual, and Inmates who Disclosed Sexual Victimization during Risk Screening specialized categories. Because of the nature of the work assignments associated with fire camps, most inmates with medical or mental health concerns are screened out, by clinicians, for their own physical safety. At the time of the audit, all of the inmates that filed PREA complaints had paroled or transferred to another facility.

The audit team received a list of all staff assigned to the facility. The auditor explained that these rosters were required for the audit team to select random custody staff and inmates for interviews. Because of the small number of staff assigned to JCC, all of them were interviewed during this audit.

On-site Review: This auditor conducted a thorough site review of the facility. The PCM and the Camp Commander conducted the tour. The facility consists of five dorm style housing units, an administration building, a classroom, a culinary building and a multi-purpose building. The tour included all of the rooms and areas in each building, the recreation yard and the housing units. Additionally the Nevada Division of Forestry area were inspected for PREA compliance since some of the inmates work there. During the tour, the auditor asked impromptu questions of staff and inmates, identified potential blind spots, and inspected bathrooms and showers to identify potential cross gender viewing concerns. In inmate common areas, audit team members tested inmate phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. In inmate work areas, audit team members assessed the level of staff supervision and asked questions to determine whether inmates are in lead positions over other inmates. Audit team members also noted the placement of PREA information posters in inmate housing areas and placement of the PREA audit notice provided to the facility. In some areas, audit team members took photos to document the on-site review.

PREA Management Interviews: Both audit team members were assigned the responsibility for interviewing members of the management team, including the Warden, and the PCM. These managers were interviewed on February 5th and 6th, 2017, in their offices at Florence McClure Women's Correctional Center. The audit team members were escorted to the office of the respective manager where the auditor conducted the interviews using the applicable interview protocols and recorded the responses by hand. The Director of Corrections, the Contract Manager, and the Human Resources representative were all interviewed via telephone, due to their distance from the physical location of the audit. The SAFE/SANE Nurse and the Victim Advocate were also interviewed via telephone due to

their schedules and location. Two Inspector General Investigators were interviewed in their offices, one at FMWCC and one at Casa Grande (a NDOC Correctional Facility located in Las Vegas).

Specialized Staff Interviews: Using the list of specialized staff received from the PREA Compliance Manager, the audit team members utilized a private office to conduct confidential interviews. The audit team identified specialized staff to be interviewed. Interviews included the following:

- Incident Review Team Members
- Staff who Conduct Intake Screening
- Case Workers
- Person Responsible for Monitoring Retaliation
- Higher Level Supervisor
- Contractors (Clark County Education Department)
- Self Help Volunteers
- First Responders
- Medical and Mental Health Staff
- Training Director

During interviews with investigative staff (conducted in person at Southern Region Head Quarters), the team learned that all of the PREA investigators work for the Inspector General's Office. If a PREA allegation appears to be a none-felony, and does not involve staff, the IG's Office may turn the case over to the institutional investigation team. The investigation team from FMWCC covers JCC. The members of the audit team interviewed three investigators and questioned designated staff about the process for logging and tracking cases assigned and inmate grievances received by the investigators.

All of the training for JCC is conducted at FMWCC. The training manager at FMWCC was interviewed about the tracking process for training the JCC staff. He was able to explain the process adequately and provide all of the documents needed to prove that JCC staff were in compliance with the PREA training requirements.

Where the circumstances dictate, the auditor would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standards. During specialized staff interviews, the audit team members based the line of questioning on the interview protocols and recorded responses by hand.

Random Staff Interviews: JCC only has eighteen full time employees. All total of the JCC staff were interviewed under one capacitor or another. A total of thirteen were interviewed as random staff. In some cases one employee was interviewed utilizing several different specialized questions.

Random Inmate Interviews: The auditor determined that at least one inmate from each housing unit would be interviewed. One audit team member was assigned responsibility for the various inmate interviews. Audit team members used the alphabetical roster of inmates to randomly select inmates from their assigned housing units and selected other inmates while in the housing units. The audit team member completed the interviews in the empty classroom. The audit team member introduced himself, communicated the standard advisory statements to the inmate before proceeding with the standard line of questions from the random inmate interview protocols and recorded the inmate's answers by hand using the designated form. Clarification was requested, as needed to ensure the inmate's responses were clear. A total of 10 inmates were interviewed as part of the random inmate interviews.

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

- Disabled Inmates (None Currently at Facility)
- Limited English Proficient Inmates (None Currently at Facility)
- Transgender and Intersex Inmates (None Currently at Facility)
- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization (None Currently at Facility)
- Inmates who Reported Sexual Abuse (None Currently at Facility)
- Inmates who Disclosed Sexual Victimization during Risk Screening

As previously mentioned, there are inmate from two of the specialized categories identified as housed at JCC during the time of the audit. While touring the facility and during interviews, the audit did not observe any inmates that might be considered a PREA interest inmate in any of the other categories.

Document Reviews: This auditor reviewed all documents related to allegations of sexual abuse (including investigation files), all training records, personnel records, contractor and volunteer records, and reviewed the records maintained through the inmate intake process. Copies of documents were collected, as necessary.

The Inspector General's Office provided Sexual Incident Report (SIR) for all 7 allegations received during the previous twelve-month period. The list included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor was provided the Sexual Incident Report and investigative reports from for each allegation. These reports were reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report:

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

Audit team members recorded this information for each case reviewed and provided additional relevant information in the space provided for additional notes.

Throughout the on-site review, the team had discussion about what was being observed and reviewed and discrepancies that were being identified. The audit team would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team held a close-out discussion with the Warden and his staff on February 8, 2017. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

POST-AUDIT PHASE

Following the on-site portion of the audit, the team met and discussed the post audit phase and the next steps. The auditor gathered written information and feedback from the other team member and took responsibility for completing the interim report. The auditor has 45 days to provide the interim report to the facility (March 25, 2017).

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

This auditor documented all clarification questions, missing information, and requests for additional documentation to follow-up with the PREA Compliance Manager. Different documents and information was requested from the PCM, NDOC PREA Coordinator and the Camp Commander during the post-audit phase via telephone calls and e-mails. Some of the none-compliance issues that were identified during the onsite audit were corrected at this time.

This auditor reviewed each standard, the documents provided to show compliance with the standard and the information received from the interviews to determine if that standard was met. In the standards portion of the audit report, each standard subsection was checked, yes or no, if JCC meet PREA compliance for that subsection. If the subsection was not applicable, N/A was checked or the response was left blank. A narrative then included for each standard. The narrative included 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. If corrective action was required, corrective action was recommendation in the narrative.

The interim report was forwarded to JCC Warden, PCM, Associate Warden, and NDOC PREA Coordinator on November 9, 2017. A copy of the Corrective Action Plan was included with the interim report.

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.

Jean Conservation Camp (JCC) is located at 3 Prison Road, Jean, Nevada. JCC is one of ten conservation camps operated by the Nevada Department of Corrections. It is one of three facilities that house women inmates in the NDOC. It is the only female conservation camp in Nevada. Located in Clark County, JCC was constructed in 1988. The JCC houses 240 minimum custody inmates for the state of Nevada. Inmates at JCC work for the Nevada Division of Forestry completing conservation projects, roadside clean up, local area assistance and firefighting during the fire season. JCC falls under the administrative responsibility of the Warden at Florence McClure Women's Correctional Center in Las Vegas Nevada.

The physical design of JCC consists of five housing units, one administration building, one classroom, a culinary building and a multi-purpose building. The housing units are all of the same design. They are long buildings with a central corridor and open sleeping bays down each side of the corridor. Each

housing unit has a toileting area and a shower area that are not exposed to the central corridor. One of the housing units was closed for repairs at the time of the audit. The Administration building contains staff offices, the receiving and release area and the medical clinic exam rooms and office. The culinary building has the kitchen and dining room in it. The laundry room and the canteen are also located in this building. The multi-purpose building houses the gym (which is also the visiting area), the library and the mental health offices and group therapy room. The Nevada Department of Forestry has several buildings located outside the perimeter of JCC. The buildings include offices, shops, classrooms and storage for NDF. Inmates work in some of these buildings, however are not housed in any of them.

The inmate population of the camp is all minimum custody. All of the inmates housed at JCC are considered low risk. There are no convicted sex offenders or inmates with violent criminal conviction histories. Because of the difficult physical nature of the work assignment at JCC, inmates with serious medical or mental health conditions are typically screened as not eligible by a medical or mental health clinician. Any inmates that would be considered flight risks, such as inmates with active warrants, are not housed at JCC. Inmates housed at JCC typically have only a short amount of time left to serve on their sentence.

JCC has one Lieutenant, two Senior Correctional Officer, ten Correctional Officers, one Storekeeper, one maintenance worker, one Mental Health Clinician, two Caseworker position and one part time Nurse authorized in the staffing plan. At the time of the audit there were no vacant positions. The Warden of Florence McClure women's Correctional Center is the hiring authority for JCC. Administrative and support staff for JCC work at FMWCC.

JCC coordinates with the Nevada Division of Forestry in training of inmates to work on firefighting crews during fire season. These crews do community clean up and public land maintenance services during the off season. Jean Conservation Camp offers a wide range of programs for the female offenders. They have the opportunity to enroll in educational classes in pursuit of a GED or high school diploma, participate in horticulture classes, parenting classes, and various self-help classes.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

Number of Standards Exceeded: 0

Click or tap here to enter text.

Number of Standards Met: 45

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401 and 115.403

Number 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 institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff were attentive to the needs of the auditors and were extremely hospitable. The audit team thanks the Warden, PREA Compliance Manager, NDOC PREA Coordinator and the entire staff at Jean Conservation Center.

Overall, it is evident that Jean Conservation Center staff have been working towards compliance with the PREA standards. Because of this hard work, the facility is in compliance with a significant number of the standards.

Some of the positives observed by the audit team included:

- There is a good working relationship between the inmates and the staff. It appears that the inmates would feel comfortable going to staff to report any safety issues.
- PREA posters were in place in all housing units, and common areas.

- Supervisory and management staff have a clear understanding of the policy.
- The inmate population understands their rights to be free from sexual abuse and could explain to the auditors how they would report an allegation. All of the inmates stated they felt sexually safe at this facility.
- Training records reflected that mandatory staff training had been completed. All of JCC's staff, contractors and volunteers are trained on PREA every year.
- Staff has already begun to address issues that the audit team identified during the site review.
- The Mental Health Clinician understands the importance of her role in the prevention, detection and reporting of PREA incidents.

During the pre-audit and onsite portion of this audit, there were minor discrepancies with policies pointed out by this auditor. The management team at JCC and the IG's Office were very quick and efficient in making the changes to bring their policies within compliance of the standards prior to completion of the interim audit report. These changes that were made include:

- 115.13 The correct verbiage was added to OP 400 relative to supervisory rounds
 - A small window was installed on the inmate restroom door in the kitchen to allow for modesty without creating a blind area that could result in victimization.
 - A door, with a padlock, was installed on the entrance to the loft in the NDF shop. This will prevent inmates from victimizing each other in this secluded room.
- 115.15 Adding the correct verbiage to OP 422, to enable inmates to shower, perform bodily functions and change clothes without staff of the opposite gender viewing them
- 115.33 Providing a more comprehensive PREA information document to the inmate population
- 115.71 Providing the investigators notes to a closed investigation. Information was provided that explained why two investigations were delayed.

Prior to the completion of the interim report, the following standard had not been met:

115.77 Corrective action for contractors and volunteers:

JCC had two cases that are still being investigated involving allegations of a contractor having a relationship with an inmate. In one case, the contractor resigned. In both cases gate stops were issued shortly after the on-site portion of the audit. Both of these employees worked for Nevada Division of Forestry at the time of the allegation. Based on conversation with NDOC staff, an assessment needs to be completed for each case

and all future allegations. This assessment should determine what remedial steps need to take place to protect inmates while the investigation is being conducted. These steps can include removal of contract staff, a temporary reassignment of the contract staff or no action. The statuses of the contract staff should be re-evaluated as additional information is received.

On March 15, 2018, a conference call was held with staff from NDOC and the audit team. Present on the call was PREA Coordinator for NDOC, the Acting Warden, Associate Warden, the PCM, the Investigator Supervisor and an auditor from California. The results of the audit were discussed with recommendations for resolving the non-compliant issues. The staff of JCC were informed of what proof of practice would be required to show compliance with PREA standards. Proof of practice must be provided to this auditor by August 10, 2017.

Corrective Action:

115.77(b) To come in compliance JCC needed to provide documentation as to what remedial measures were taken to protect the inmates when these allegations were discovered. Additional language will be required to be included in the MOU with NDF, the Operational Procedure or the Administrative Regulation to review and allow for the reassignment of NDF staff (if deemed necessary) during an investigation of sexual abuse.

On August 22, 2018, this auditor was provided a copy of an agreement between the Nevada Department of Corrections and the Nevada Division of Forestry that allows NDOC the ability to restrict contact between employees of NDF and inmates during a PREA investigation. The document also states that this would be included in future contract language,

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Nevada Department of Corrections (NDOC) Administrative Regulation (AR) 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.01, states "The Department has a Zero Tolerance policy for any form of sexual misconduct to include staff/contractor/or volunteer on inmate or inmate on inmate sexual harassment, sexual assault, sexual abusive contact and consensual sex." Jean Conservation Camp (JCC) has an additional policy (Operational Procedure 421.1) that reiterates AR 421. This policy outlines the institution's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

NDOC's PREA Coordinator is Deborah Striplin, Inspector General. Ms. Striplin was recently assigned as the PREA Coordinator for the Nevada Department of Corrections. Prior to this new assignment, Ms. Striplin assisted the Inspector General for the State of Nevada in developing, implementing, and overseeing the NDOC's efforts to comply with the PREA standards.

JCC PREA Compliance Manager (PCM) is Helen Peterson, Correctional Caseworker Specialist III. Ms. Peterson has been assigned as the PREA compliance Manager at JCC for about two years. Ms. Peterson reports to an Associate Warden, however does have the authority to bring PREA issues directly to the Warden as disclosed by both Warden and Ms. Peterson. According to Ms. Peterson, she does feel that she has sufficient time to coordinate the facility's efforts to comply with PREA.

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 OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Section 2.56.1 of the contract between NDOC and CoreCivics states that the vendor shall be subject to PREA compliance monitoring per section 115.12(b) of PREA.

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

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? 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

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Operational Procedure 326, Posting of Shifts, requires that at least once a year the PREA coordinator shall assess, determine, and document whether adjustments are needed to the staffing plan and or video monitoring system. This auditor was provided a copy of the 2017 Jean Conservation Camp (JCC) staffing plan. According to the Staffing Plan, Nevada Department of Corrections' PREA Coordinator initiated a review and discussion of the staffing patterns for JCC with the Director of Corrections. JCC has a total of 15.38 custody positions, to cover 11 posts, authorized by the legislature (one Lieutenant, two Supervising Officer, six Correctional Officers and two Caseworkers). The staffing includes one part time nurse, one mental health clinician, one canteen manager and one maintenance staff. There are a total of 19 employees assigned to JCC. The documents provided indicate that there are currently no vacancies at JCC. Minimum staffing requires at least two staff be on grounds at all times.

The physical design of JCC is five housing units with open bays where the inmate's bunks are located. There is an administration building which contains the program office, and the clinic with exam rooms; the culinary building which contains the laundry, the canteen, the kitchen and the dining room. There is one stand-alone classroom and a multi-purpose building. The multi-purpose building contains a gym/visiting, library and the mental health office with a group therapy room. Outside the perimeter fence is the Nevada Department of Forestry offices and shops. There is no video surveillance at JCC.

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 2017 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 ethnicity and security threat group.

NDOC policy requires that the Camp Commander complete an entry into NOTIS whenever the staffing level drops below the minimum staffing requirements (two staff members). A memorandum signed by the Warden states that JCC has maintained minimum or above staffing levels during the past 12 months.

Operational Procedure 400 requires that supervisors make unannounced 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. This auditor was provided copies of the PREA-Unannounced Supervisor Tours from the Daily Shift Log. A review of the documentation demonstrated that supervisors complete random tours of the facility. During swing shift and graveyard shift there are usually only two or three staff on grounds. During these hours the staff generally advise each other where they are going and what they are doing for security reasons. There are no concerns as to staff alerting each other about supervisor rounds since they are usually monitoring each other's movements and they are not posted in the housing units.

During the tour of the facility this auditor observed two locations that were blind spots where inmates had access to allowing them to be unsupervised. These blind spots created victimization concerns:

One area of concern was the inmate restroom in the culinary. The restroom has solid walls and door. If the door is closed, staff cannot see how many inmates are in the restroom and if they are safe. Even though the policy is that only one inmate is allowed in the restroom at a time, there is no method to enforce that policy. This was corrected prior to the completion of the interim report. A window was installed in the restroom door. The window is large enough so that staff can see if an inmate is in the restroom however, small enough and positioned so that staff cannot see the inmates genitalia or private areas as staff walk by.

The second area of concern is the loft above the Nevada Division of Forestry (NDF) shop. Staff cannot see into this room from the shop floor. There is no way to secure the loft to prevent inmates from going in there. This auditor was told that inmates do not go up there, however two chairs were observed in the loft area, giving the impression that this is an inmate hangout.

Prior to the completion of the interim audit report, a door with a padlock was installed on the entrance of this room. A photograph of the modification was provided to the auditor.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Jean Conservation Camp does not house any inmates under the age of 18 years old.

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) 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 here for facilities with less than 50 inmates before August 20, 2017.) 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?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice 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

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Operational Procedure 422, Searches and Seizure Procedures, page 2 and 3, section 422.03, states that the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

The policy does not allow for cross gender pat down searches of female inmates unless there is exigent circumstances. Additionally female inmates will not be denied access to programs in order to comply with this standard.

The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates. All cross-gender strip searches and cross-gender visual body cavity searches of female inmates will be documented

within the Nevada Offender Tracking Information System (NOTIS) as an "Informational Report". JCC has not had any cross gender strip searches in the past 12 months according to the memorandum signed by the Warden provided to this auditor. Currently JCC has only three male staff that are assigned to the facility. They are the maintenance worker, the nurse and one of the caseworkers. According to the staff and inmates interviewed, male staff have not conducted any strip searches or pat-down searches on inmates at JCC during this audit period. Because of the all-female custody staff, there have not been any incidents where access to program was restricted based on the lack of female staff available to conduct pat-down searches.

OP 422.03, requires that inmates be allowed to shower, perform bodily functions and change clothing without opposite gender staff viewing their buttocks or genitalia. Additionally, the OP requires opposite gender to announce their presence when they enter a housing unit. JCC staff document each time a male staff member enters the housing unit, as demonstrated by the documents provided to this auditor. During the physical tour of the housing units, staff announced "man on the floor" each time we entered the living quarters. During the inmate interviews, all of the inmates stated that male staff do announce their presence. When asked, all of the inmates stated that they are allowed to toilet, dress and shower without male staff watching them. The physical design of the housing units makes it impossible for a staff member to see into the shower or toilet area without walking into the rooms dedicated for those purposes.

AR 494, page 4, restricts staff from searching inmates for the sole purpose of determining their genital statuses. Information on an offender's genital statuses is to be obtained during routine conversation or a review of medical records. Inmates housed at JCC have already been classified as female inmates during the Reception Center processing. All of the staff interviewed stated that they do not search inmates to determine their genitalia statuses. None of the inmates claimed to have been strip searched for this reason.

The training that is provided to custody staff by NDOC is very thorough and comprehensive on searching methods. The training power point demonstrates, to staff, how to properly conduct a pat down search of transgender and intersex inmates. A review of the training documents showed that all of the staff at JCC have been trained in these search techniques during 2017.

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

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The PREA resource Manual requires that the facility utilize the necessary resources that are available to assist inmates who have disabilities to insure those inmates have equal access to participate in or benefit from every aspect of the prevention, detection and response to sexual abuse and sexual harassment. The inmates receive the PREA information in a handout when they first arrive at the facility. All inmates are also required to watch a 15 minute video on NDOC's PREA policy. The video and handout are available in both English and Spanish. Inmates are required to sign acknowledgement

of receiving the information. A review of inmate files revealed that copies of the signed acknowledgement form were in the files.

The audit team spoke to the caseworkers and the Camp Commander about the intake process. We were informed that if the caseworker doing the intake becomes aware, either through the interview process or the file review, that an inmate has a learning disability, physical handicap, or does not speak and understand English, reasonable accommodations are made. JCC has several methods for inmates with physical disabilities, such as vision and hearing impaired to receive the information. The policy states that staff are to read the information to inmates who cannot read. The policy is also available in brail format. The PCM showed the audit team a copy of the policy written in brail. Because JCC is a fire camp, most inmates with physical and mental health restrictions are not cleared for placement at JCC by medical professionals. There were no inmates that needed reasonable accommodations to assist in reading or hearing at JCC during the time of the audit. NDOC has a contract in place for interpretive services with CTS Language Link for non-English speaking inmates.

The NDOC PREA manual instructs staff shall not to use and/or rely upon inmate interpreters, inmate readers, or other types of inmate assistants related to PREA issues. All of the staff interviewed knew that they were not to use inmates as interpreters for other inmates on PREA related issues. There were no non-English speaking inmates at JCC during the time of the audit. JCC has two staff members that speak Spanish and one staff member that speaks Bulgarian.

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

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

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

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

This PREA manual requires that NDOC complete a background check before hiring any new staff member. NDOC uses Federal Bureau of Investigation and the Nevada Department of Public Safety, Records, communications and Compliance Division to complete background clearances. Additionally Human Resources must make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 19 personnel files were reviewed. All of the files except one had a current (within three years) background check in the file. There was documentation showing that a background check had been completed on the one employee, however it was not in the file at the time of review. Of the 19 personnel files reviewed, two employees had disclosed prior employment in an institutional setting. Both files contained requests for information related prior sexual abuse or sexual harassment allegations on this employee. The office of the Inspector General is required to do a biannual audit of random HR files for employees of the Department who were hired in the previous six months to ensure compliance with the required background check. During the interview with the head of personnel, she explained the hiring process and how back ground checks are conducted. She explained what her staff would do if they discovered that an employee was dishonest during the application and hiring process.

NDOC Operational Procedure SS-0063, Background Clearance Application Procedure, requires that every contractor must have a background check completed prior to entering the facility.

According to Administrative Regulation 4521.04, NDOC conducts background checks on all current employees every three years. The month that the employee was hired determines which month the follow-up background check will be conducted. The last cycle was initiated in August 2016, and was to be completed in July 2017.

NDOC policy requires Human Resources to disclose any substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied for work. The NDOC did not have any documented cases for the audit team to review where a former employee applied at an institution and this information was requested from NDOC. The head of personnel stated that she would provide any information on prior sexual abuse or sexual harassment of an inmate if she received an inquiry from another institution about a previous employee.

JCC 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. A list of all of the volunteers and contract staff approved to enter NDOC facilities was provided to this auditor. The documents showed that all of the approved individuals have had their background cleared within the past three years. Additionally they are required to disclose any prior sexual misconduct convictions, administrative or civil actions, annually during their PREA training. Policy requires the volunteer or contractor to disclose any sexual misconduct. Failure to do so would result in restriction from grounds.

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*)
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JCC has not had any substantial expansions or modifications to the facility since the implementation of PREA. There are not any current plans to add or modify any of the buildings at JCC. JCC does not have a video surveillance system and there is no current plan to install one.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] 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.

Administrative Regulation 421, section 421.12, states that NDOC office of the Inspector General, will investigate all allegations of staff on inmate sexual abuse and sexual harassment and all inmate on inmate sexual abuse. Operational Procedure 421.1, Sexual Assault Response and Coordinated response, address the protocols for collection of evidence for use in an administrative proceedings and criminal prosecution. Combined with OP 458, Evidence/Contraband Collection, Storage and Disposal, the policies include discovery, handling, delivery, retrieval, logging, storage, retention and destruction of all evidence. NDOC and JCC utilize a local hospital's Sexual Assault Nurse Examiner (SANE) to conduct the forensic exams. Currently NDOC has an agreement with University Medical Center in Las Vegas, Nevada to conduct all forensic exams. The audit team confirmed with UMC that they conduct the forensic exams for JCC. If an inmate is taken to UMC for a SAFE/SANE exam, they report to the emergency room. A SAFE/SANE nurse is called in to perform the exam. If there is no SAFE/SANE nurse available, the physician on duty will perform the exam. The person that the team spoke to stated that all of 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.

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

NDOC has a contract in place with The Rape Crisis Center (RCC) in Las Vegas in the event of a sexual assault. RCC has either staff or volunteers answering the rape hotline 24 hours a day, seven days a week. All of the volunteers are required to take a 50 hour training course on crisis intervention. The RCC contract states that the Inspector General's Office will contact them in the event that a victim advocate is requested. Once the Crisis Call Center is contacted, either a staff member or a volunteer

will respond to the institution to be a victim advocate. This auditor spoke with the representative of the RCC who explained the process. NDOC does have a Mental Health clinician trained as a victim advocate on staff at JCC.

JCC did not have any allegations of sexual assault that required an inmate to be sent for a forensic exam during this audit period.

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 such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This auditor spoke with the Inspector General for the NDOC. She confirmed that it is the IG Office's responsibility to investigate PREA allegations in NDOC. The IG's office is notified via the Nevada Offender Tracking Information System (NOTIS), the electronic incident notice system used by NDOC. In emergency cases they are notified via telephone. Once the IG's office receives the notice, they will assign an investigator to the case. At the conclusion of the investigation, if it appears that a felony has taken place, the IG will refer the case to the Attorney General. The Nevada Department of Corrections Prison Rape Elimination Act Manual provides further direction on the Office of Inspector General's responsibility while conducting a criminal investigation.

This audit spoke with two of the IG investigators regarding the investigation of PREA allegations. Both investigators stated that they investigate all PREA cases that may result in prosecution. If the incident does not appear to be a criminal act, or involve a staff member, the case may be assigned to a supervisor at the institution for fact finding and investigation.

During the audit the PREA incident log was reviewed. There were seven cases reported during the audit period. All seven were reported to the Inspector General. JCC did not have any concluded PREA

cases that met the criteria to refer a case for prosecution during this audit period. There are still three sexual assault cases under investigation that may result in referral for prosecution.

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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Operational Procedure 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.06, requires 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 right to be free from sexual abuse/harassment

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

The dynamics of sexual abuse and harassment in confinement

The common reactions of sexual abuse and harassment victims

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

How to avoid inappropriate relationships with inmates

How to communicate effectively and professionally with the LGBTI

How to comply with relevant laws related to mandatory reporting

The staff are trained initially in PREA upon employment through the Correctional Employee/Officer Basic Pre-Service Training (PST). After the PST, the training is required every two years. In years which an employee does not receive PREA refresher training the employee, shall receive refresher information on current PREA policies. A review of the training module provided to this auditor demonstrates that the information provided to the staff at JCC is in compliance with 115.31,(a), (1-10).

During the interview with the training manager, he explained how he insures staff stay current on the training annually. Staff are pre-scheduled for annual training for one week a year and are assigned to training for that week. The PREA training is given during this off post training week. The training for all NDOC staff has a topic that is tailored toward the male inmate population and a topic that is tailored toward the female inmate population.

A review of the training records show that all 19 state employees working at JCC have been trained in PREA in the past 12 months. The employees signed a document acknowledging that they understood the training.

During the interviews with staff, all of the employees demonstrated knowledge in PREA. All of them knew about NDOC's zero tolerance policy and their responsibility to prevent, protect and report sexual abuse and sexual harassment.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 802, Community Volunteer Program, section 802.01, requires that all volunteers and contractual staff shall attend PREA training. The training covers the NDOC zero tolerance policy, and the volunteer/contractor's responsibility under the NDOC's sexual abuse and sexual harassment prevention, detection and response policies and procedures. An acknowledgment of receipt of training is then signed by the volunteer or contractual staff. This training is required prior to having contact with inmates and then every three years after that.

JCC provided copies of the sign training acknowledgement that each of the volunteers has completed. All of the volunteers were trained within the past year.

JCC is a fire camp and has a contract with the Nevada Department of Forestry (NDF). NDF employees are required to be trained in PREA. Additionally JCC contracts with the Clark County Unified School District to provide education services to the inmate population. Documentation provided by the JCC

Camp Commander, demonstrates that the contract staff working with inmates at JCC have been trained in PREA within the past year.

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

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received such education? 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

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Operational Procedure 573, PREA Screening and Classification, states that inmates are shown the NDOC Comprehensive PREA video upon arrival at JCC. Additionally the inmates receive a JCC PREA FAQ Information sheet. The inmates then sign a document acknowledging that they watched the videos and understand the information.

The NDOC PREA Information and FAQ Sheet contains the NDOC zero tolerance policy on sexual abuse and sexual harassment, that inmates have a right to be free from sexual abuse/harassment and how to report sexual abuse/harassment. This document is available in both English and Spanish. The policy is also in brail for offenders with vision disabilities. NDOC has a contract in place with CTS Language Link to provide interpretive services for offenders who do not understand English or Spanish. The policy is read to the offender, according to the PCM, if the offender cannot read. A copy of the PREA Information and FAQ Sheet were provided to this auditor for review. Documentation provided to this auditor, along with random reviews of 20 inmate files, confirmed that inmates received the PREA training. Copies of the signed acknowledgement of receiving the written materials were in the inmate's files.

All of the inmates interviewed, knew the IDOC Sexual Abuse/Harassment policy. Additionally, they knew how to report any violation of policy through the several different reporting methods. Most of the inmates that where interviewed during this audit acknowledged receiving the brochure and seeing the video. The inmates that stated they did not receive the information had signed acknowledgment forms in their files.

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

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 have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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NDOC utilizes investigators from the Inspector General's Office to conduct all PREA allegation investigations. The investigators are required to attend the same PREA training as all NDOC employees. Additionally they are required to take the NIC course on Investigating Sexual Abuse in a Confined Setting. This course covers techniques for interviewing sexual abuse victims, compelled interview warnings, sexual abuse evidence collection and criteria and evidence required to substantiate a case for administrative or criminal prosecution.

This auditor was provided a copy of the training syllabus and completion certificates of the investigators for the Inspector General's Office. During the interview with the investigators, they demonstrated extensive knowledge on how to conduct a PREA investigation.

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? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

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.) 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? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

All medical and mental health care practitioners will receive the training mandated for employees in PREA standards 115.31 and 115.32. This training will be conducted by the FMWCC training division and 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 employees 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 will be documented with a training certificate within the employees supervisor file.

Jean Conservation Center has one Mental Health Clinician and one part time nurse. Both have received the required PREA training as evident by the signed training documents and their demonstrated knowledge of the PREA policies.

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, when 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, when 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, when 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 a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: 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

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Operational Procedure 573, PREA Screening and Classification, section 573.2, states that a transfer screening should take place as soon as possible, but shall be completed within 24 hours of arrival at

JCC. Consistent with the safety and security needs of JCC, inmates will be allowed to go to their assigned housing prior to PREA screening. A designated Correctional Casework Specialist (CCS) will interview the inmate in a confidential, secure location upon reception, complete the objective screening assessment, and determine housing based on the results of the assessment tool. A case note will be entered to document that the assessment tool was completed and note if any alerts were added. All data will be entered into the Microsoft Access PREA tracking database. Once the assessment tool is completed, it will be placed in the I-file. A CCS shall be available to process reception of inmates within 24 hours of arrival. During this process privacy and confidentiality must be maintained. Only staff interpreters can be used to assist in completing the PREA assessments.

The PREA Risk Assessment Tool (DOC 2097) utilized by NDOC has 10 questions to assess the inmate's vulnerability toward victimization and 4 questions to assess his potential toward predatory behavior. The assessment includes prior institutional behavior. A corresponding alert in NOTIS will be entered on all known victims (PREA-High Risk of Sexual Victimization) and all known predators (PREA-High Risk of Sexual Abusiveness).

The inmate is personally interviewed within 30 days and, if there are no additional concerns, a case note (PREA 30 Day Follow Up) is generated to reflect that there have been no changes to the PREA Intake Assessment. If, upon interview, additional information is received, a PREA Risk Assessment is completed. A corresponding Alert in NOTIS is entered on all known victims (PREA High Risk of Sexual Victimization) and all known predators (PREA High Risk of Sexual Abusiveness).

Inmates will be reassessed at each 6 month regular review and a PREA Regular Review Assessment case note will be entered to document said action. Inmates will also be reassessed if; the inmate requests it, a staff member refers an inmate for reassessment, if additional information is received or if the inmate is involved in an incident of sexual abuse.

A review of 20 random inmate files showed that all inmates were assessed for victimization/predatory concerns within 24 hours of arrival. Additionally the inmates were all re-assed within 30 days of arrival.

During random interviews with a sample of the inmate population, most of the inmates recalled being asked questions about their criminal history and their sexual safety. The files were reviewed of the inmates that did not remember the intake questioning. The information from the intake interview and the 30 day follow-up interviews were in the inmate's files. One inmate claimed that the interviews were not held in a confidential setting. This auditor asked the other inmates, during the interviews, if this was the case. All of the other inmates stated that the intake interviews and follow-up interviews were conducted in the CSS's office with the door closed. Both CSSs stated that they do the interviews in their offices and do not use inmate interpreters.

The camp commander explained the intake process and when and how inmates are asked the risk assessment questions. The risk assessment results are maintained in the inmates file. Only staff have access to the files. The results of the risk assessment are not shared with any other inmates.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- 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? Yes No
- 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? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Operational Procedure 573, Screening and Classification, section 573.02, states that staff shall use information from the risk assessment to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff shall make individualized determinations about how to ensure the safety of each inmate. All program, education and work assignments shall be monitored and supervised by custody or free staff at all times to ensure safety and security of all inmates.

The NDOC PREA handbook requires the NDOC Medical Department to determine where best to house transgender and intersex inmates, taking into account the individual inmate's health and safety needs verses whether or not the placement in a specific gender based institution may present management or security problems. NDOC does not house transgender, intersex, lesbian, gay or bisexual inmates in specific facilities.

All NDOC inmates' safety and program needs are reassessed every six months. Policy requires that the view of the transgender or intersex inmate toward their safety will be given serious consideration. Policy also requires that transgender and intersex inmates are given the opportunity to shower separately from the other inmates. The design of the showers at JCC allows all inmates to shower separately from each other. There have not been any know transgender, or intersex inmates housed at JCC during this audit period.

The Camp Commander explained how she would separate inmates classified as victim likely and predator likely from each other in a camp setting. Only the Camp Commander and the CCS conduct bed moves. Both have access to the PREA assessment and would not house a victim likely with a predator likely in the same housing unit. The physical design of the facility allows for the inmates to be housed in separate buildings with different toileting and showering facilities. Because of the different work assignments available, she could insure that the inmates would not be assigned in the same work area. At the time of the audit, JCC did not house any inmates who screened as victim likely or predator likely. The Camp Commander further stated that in the event that an inmate did not feel safe, or she could not separate potential victims and potential aggressors, it may be necessary to transfer one or both inmates to other facilities to accommodate safe housing assignments.

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

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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NDOC policy does not allow staff to place inmates in segregation solely based on their risk for sexual victimization as addressed in OP 573.02. All attempts shall be made to house the inmate in an environment that is as least restrictive as possible.

If an inmate is placed in Segregated Housing because there is no available housing where his safety can be maintained, he shall have access to program, privileges, and work and education assignments. If the inmate is restricted from access to any of these he is to be informed of the reason for the restriction and for how long.

If an inmate is placed in Administrative Segregation he will receive a notice, in writing within 24 hours. There will be an initial placement hearing within 72 hours. The inmate's placement concerns are reviewed no less than every 30 days.

Jean Conservation Camp does not have a protective housing unit. In the event that an inmate has safety concerns, the inmate is transferred to Florence McClure Women's Correctional Center.

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? Yes No

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

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Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination, section 421.08, states that JCC 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 inmate grievances or inmate kites, written notes or letters to staff or administrators, and letters directed to the PREA Coordinator or any member of the Inspector General's Office; NDOC Family Services Office by phone or email at info@doc.nv.gov or writing the Nevada Attorney General's Office.

The NDOC has an agreement with the New Mexico Department of Corrections to accept PREA allegations from NDOC inmates, family or public. This gives the inmates a chance to report PREA to another law enforcement agency that is not associated with NDOC. The contact information for the PREA Coordinator at New Mexico Department of Corrections is provided to the inmates via the PREA Information and FAQ Sheet and it is posted on the walls in common areas around the facility. Additionally the IG's PREA hotline is available on the inmate's phone and email kiosk. The inmates only need to enter a number to prompt a direct line to the IG's PREA hotline to report an incident. The inmates are not required to give their name to make a report. Three of the seven PREA allegations received during this audit period, were received via the PREA hotline.

I asked the Camp Commander how inmates can report confidentially. She informed me that when inmates make calls to the IG's office, or the Rape Crisis Center, the calls are not monitored by JCC staff. Additionally inmates outgoing mail is not monitored. This information is posted in the housing units for the inmate population to see.

Section 421.05 requires that all staff report immediately any knowledge, suspicion, or information regarding any incidents of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff are required to report known incidents involving both other staff and inmates.

According to the representative of the IG's office that was present during the audit, staff can contact them and report confidentially.

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

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

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Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 740, section 740.06, states that all grievances containing allegations of sexual abuse will be referred to the Inspector General's Office for investigation and they will be designated as "PARTIALLY GRANTED" indicating that it has been submitted for investigation by the Inspector General's Office. Operational Procedure 740, Inmate Grievance Procedure, section 740.04, removes all time frame restrictions for the filing of a grievance when the grievance alleges sexual abuse.

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

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

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

At any time an inmate may file an Emergency Grievance for issues involving substantial risk of imminent sexual abuse. All PREA Emergency Grievances alleging substantial risk of imminent sexual abuse shall be forwarded to the highest ranking staff member on duty so that corrective action may be taken immediately. A decision will be made immediately or within one (1) hour of receipt of the PREA Emergency Grievance. The person responding to the Emergency Grievance shall speak with the inmate and document any corrective action that was made or taken using the NOTIS reporting system. All actions should afford inmates access to medical/mental health services. Per policy, all PREA Emergency Grievances will be referred to the Associate Warden or PREA Compliance Manager for follow up within 2 days of receipt of the Emergency Grievance. The Associate Warden or PREA Compliance Manager will ensure that the incident has been referred for investigation and that the inmate has been afforded appropriate medical, mental health and safety considerations. An inmate may not be disciplined for filing a grievance related to alleged sexual abuse unless the Department has demonstrated that the inmate filed the grievance in bad faith.

After reviewing the JCC appeals logs, there were no PREA allegations received through the appeal process. The Camp Commander explained the grievance process to the audit team. She explained that, while all grievances are taken seriously, PREA grievances are immediately given an incident number and placed in NOTIS. Once in NOTIS, the IG's office will receive the information and initiate an investigation. The Camp Commander does not require an inmate who files a PREA grievance on a staff member to meet with that staff member in an attempt to resolve the grievance.

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? Yes No
- 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

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NDOC has a Memorandum of Understanding (MOU) in place with Community Action Against Rape DBA the Rape Crisis Center (RCC) to provide inmates emotional support in the event of a sexual assault. Inmates are provided addresses and phone numbers for these services when they first arrive at JCC via the PREA Information and FAQ Sheet. The telephone number for the Rape Crisis Center is posted on the wall next to the inmate telephones. All inmate phone calls are recorded; however, phone calls to the Rape Crisis Center and the IG's office are only reviewed or monitored by IG staff. Inmates are informed of this during orientation and it is included on the posters. The outgoing inmate mail is not reviewed. All inmates are informed that all PREA reporting, investigations, medical or mental health support is confidential.

Copies of the MOU, the PREA Information and FAQ Sheet and the posters by the inmate telephones were all observed and reviewed during the audit. During the interviews, most of inmates stated that they were aware that emotional support was available for them via the RCC. The inmates that claimed that they were not aware of this service were provided the information by the auditor. Some of the inmates interviewed attend a Survivors Overcoming Abuse and Rape (SOAR) class that is provided by the RCC at the institution.

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

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The PREA Information and FAQ Sheet provided to the inmates as they arrive at JCC explains that a PREA allegation can be reported by a third party. This information is also on the posters in the housing units and visiting and on Inspector General's website also contains this information.

During the interviews with the inmates, they all knew that they could have somebody else (friend, family member or other inmate) report the allegation for them and that they could report a PREA allegation for another inmate.

Every staff member stated that they would accept a third party PREA report the same as a first party report when asked. One of the PREA incidents reported during this audit period was received via a third party report.

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

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

NDOC policy mandates that staff shall not reveal any information related to a sexual abuse report to anyone other than their immediate supervisor. All reports of sexual abuse to include inmates and staff are to be kept confidential. Section 421.17 states all case records associated with claims of staff sexual abuse, sexual harassment, inmate sexual abuse or any attempt thereof including written reports, investigation reports, evidence, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are confidential.

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

All of the staff interviewed knew their responsibility to report all allegations of sexual abuse and sexual harassment. They stated that they would report the information immediately to their supervisor or the Camp Commander. 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 Camp Commander stated that she enters all PREA allegations into NOTIS (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.

Both medical staff that work at JCC explained to this auditor how they inform the inmate of their duty to report and the limits of their confidentiality. When they first meet with an inmate, it is part of their process to explain the clinician's legal obligation to report certain information to the proper authorities.

JCC does not house any offenders under the age of 18. 115.61(d) does not apply.

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

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

Instructions for Overall Compliance Determination Narrative

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

Operational Procedure 421.1, Sexual Assault Response and Documentation, requires first responders to immediately separate the alleged victim from the alleged suspect. Additionally NDOC requires that employees take proactive steps to protect all inmates from sexual assault and sexual harassment.

During the interviews, staff explained what they would do if they received information that an inmate was at imminent risk of being sexually assaulted. Based on how the information was received, they would interview the potential victim to insure her safety. They would separate the potential victim from the potential predator while arrangements were made to transfer one or both inmates to a different facility for the victim's safety. All of the actions taken would be noted in NOTIS.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.14, states "If an inmate reports during his PREA assessment that he was sexually abused while confined at another institution/facility, the PREA Compliance Manager (PCM) or Associate Warden (AW) or Warden must be notified immediately. The PCM/AW or Camp Commander will provide notification to the PREA Coordinator (Inspector General) as soon as possible, but no later than 72 hours after receiving the allegation, and will initiate a report using the NOTIS reporting system. The PCM/AW will also inform the Warden of the allegation. The PREA coordinator shall document that they have received such notification. According to the PREA handbook, the Warden will notify the institution/facility in which the inmate alleged the incident occurred within 72 hours. If the allegation is a NDOC facility, the Inspector General's Office will initiate an investigation.

If the Warden receives information that an inmate was sexually abused while previously housed at her facility, she would forward that information to the Inspector General's Office. All reported allegations of sexual abuse are referred to the Inspector General's Office for investigation. This includes allegations that are reported from another agency.

According to the Warden, in the past 12 months, JCC has had one inmate make an allegation of sexual abuse that occurred at JCC when the inmate was received at another facility. This inmate made the allegation at Florence McClain Women's Correctional Center. JCC and FMWCC have the same warden. This PREA incident is on JCC's PREA investigation list and is currently under investigation. There have not been any cases reported to the Warden of JCC, where an inmate made an allegation to JCC staff that they were sexually assaulted at a different facility.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 421.01, Sexual Assault Response and Coordinated Response, provides a detailed processes for first responders to follow upon learning of a sexual assault. The OP states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Additionally the first responders will take steps to prevent the alleged suspect from destroying any physical evidence. The Shift Supervisor shall notify the Duty Warden as soon as practical and complete a detailed NOTIS entry and a 019 report for the Warden. The report should include all written reports related to the sexual assault or sexual activity. The shift supervisor is to call Florence McClure Women's Correctional Center medical department and determine appropriate course of action (transport to FCWCC or local community hospital). The incident area is secured and treated as a crime scene until released by the Warden, Inspector General or designee. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

During the interviews with staff they were able to explain their role in the response to a sexual assault. Because of the limited resources at the facility, the medical staff at Florence McClure Women's Correctional Center is contacted by phone and instructions are given to the staff at the scene if the part time medical staff is not currently on grounds. The crime scene is preserved until the investigation team arrives to process the crime scene. They do not let either the alleged victim or the alleged suspect wash their hands, change their clothes, shower, brush their teeth or use the toilet. At no time do they let the alleged victim or the alleged suspect have communication with each other while awaiting transportation to FMWCC or the hospital. The alleged victim and the alleged suspect are kept in separate rooms out of sight and ear shot from each other. They are transported in separate vehicles.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 421.1, Sexual Assault Response and Coordinated Response, provides a detailed processes for a coordinated response to a sexual assault. The OP requires the involvement of the Shift Supervisor, the medical staff (medical staff from FMWCC if the nurse is not on sight), management staff at FMWCC (JCC does not have any management staff on grounds) and the Inspector General's Office. Medical Directive 117, Sexual Assaults, directs the NDOC medical and mental health staff on what steps to take when responding to a sexual assault.

The staff at JCC explained to the audit team what they would do in the event of a sexual assault. Once the inmates were separated and safe from the general population, they would secure the crime scene, contact the PREA Compliance Manager, Associate Warden or Warden, the inspector General's Office and the Medical Department at FMWCC. Based on the direction given, the staff at JCC would prepare to transfer the inmates to FMWCC or the hospital and document their observations. The mental health clinician stated that she is able to responded to the institution to be utilized as a victim advocate or to provide emotional support if needed. She would also provide follow-up support and therapy upon the inmates return to JCC.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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NDOC does not have collective bargaining.

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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 421.2, Inmate Sexual Abuse Incident Reviews and Protection Against Retaliation, requires the Associate Warden, Warden, or PREA Compliance Manager (PCM) to monitor the conduct and treatment of inmates and staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff for at least 90 days. The PCM will track all inmates and staff who report sexual abuse, or sexual harassment, or cooperate with any investigation, from retaliation by both inmates and/or staff. The monitoring shall be conducted and documented by the Associate Wardens, Warden, and PREA Compliance Manager (PCM) Office. A daily check of all NOTIS entries will be done by the Camp Lieutenant, Associate Wardens, and Warden. The Camp Manager will notify the Associate Warden or Warden of the PREA related incident report. All IR's in regards to PREA issues will be added to the PREA Incident tracking form by the Associate Warden or Warden. The PREA Compliance Manager will review the retaliation tracking log weekly and complete the retaliation checks. A NOTIS Chrono entry must be entered for each inmate who has been tracked for protection purposes as well as annotated on the tracking log.

The policy further states that JCC shall employ protection measures for both victims and abusers, such as monitoring housing changes, transfers, job assignments, program assignments, negative work reviews, and custody status. JCC will also ensure separatees are entered into the NOTIS tracking system. If there are signs of retaliation, the PCM will enter a NOTIS report and notify the Warden immediately. The Warden will notify the PREA Coordinator and request an immediate investigation.

The person(s) who are retaliating will be separated from the reporting victim. If the retaliating party is a staff member, then the Warden will coordinate the separation with the NDOC Human Resource Department. If the retaliating party is an inmate, the retaliating inmate will be transferred to Florence McClure Women's Correctional Center (FMWCC) pending Due Process. All actions will be documented within the same generated incident report.

The PCM will track all inmate and staff allegations of sexual abuse/harassment using JCC Retaliation Monitoring Tracking form. PCM will ensure periodic status checks are completed a minimum of twice per month to determine acts of retaliation have not occurred. The above monitoring also includes protections for third party reporters. JCC PCM shall continue to monitor beyond the 90 day time frame if the initial monitoring indicates a continuing need. JCC PCM shall terminate any monitoring if the agency determines the allegation is unfounded.

During the interview, the PCM explained how she would tracks inmates who are being monitored in NOTIS. She meets with any victims or witnesses who are being monitored at least once a month. She also reviews files and movement history to insure that retaliation is not occurring. She documents her actions in NOTIS. In the event that an inmate that he was monitoring transferred prior to the completion of the 90 day period, she would continue the monitoring at the facility that the inmate transferred to (only three NDOC facilities house women inmates and they all share the same Warden and PCM). This auditor reviewed the NOTIS printout of monitored cases (two from this audit period and two from a previous year). There were notations that explained the PCM's efforts to insure that retaliation is not occurring. In one of the cases the alleged victim was transferred to another facility and the monitoring continued.

There were no inmates currently housed at JCC that required monitoring at the time of this audit.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

NDOC policy does not allow staff to place inmates in segregation solely based on their risk for sexual victimization. OP 573, PREA Screening and Classification, section 573.03 states Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is 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 for less than 24 hours while completing the assessment. All attempts shall be made to house the inmate in an environment that is as least restrictive as possible. Inmates at JCC who require involuntary segregated housing will be transported to FMWCC until an alternative means of separation from likely abusers can be arranged. Any such classification requires a due process classification hearing with a committee consisting of at least two (2) Wardens, CCSIII, Segregation CCS, and any other staff with pertinent information to the classification decision. Such an assignment shall not ordinarily exceed a period of 30 days.

The NDOC PREA manual requires that if an inmate is placed in Segregated Housing because there is no available housing where her safety can be maintained, she shall have access to program, privileges, and work and education assignments. If the inmate is restricted from access to any of these she is to be informed of the reason for the restriction and for how long.

If an inmate is placed in Administrative Segregation she will receive a notice, in writing within 24 hours. There will be an initial placement hearing within 72 hours. The inmate's placement concerns are reviewed no less than every 30 days.

Jean Conservation Camp does not have a protective housing unit. In the event that an inmate has safety concerns, the inmate is transferred to Florence McClure Women's Correctional Center.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, mandates that the NDOC, Office of the Inspector General (IG), will investigate all allegations of staff on inmate sexual abuse, sexual harassment and inmate on inmate sexual abuse within the NDOC. This includes third party and anonymous reporting of a PREA allegation. Investigators are assigned to cases via the IG's Office as soon as a complaint is received. The investigators are trained in how to do criminal and sexual assault investigations. This includes a thorough, complete and objective investigation. Investigators assigned to investigate allegations of sexual abuse or sexual assault shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. If the case is determined to be none criminal, and does not involve staff, the IG's Office may assign it to an investigator from the facility.

The IG's Office has a team of investigators trained in investigating sexual assault cases. The training includes conducting sexual assault investigations in a confinement setting, interviewing victims of sexual assault, proper use of Maranda and Garrity warnings, sexual abuse evidence collection, and preparing a case for referral for prosecution. Reviewing the training record confirmed that the investigation team had all received the proper training. Investigators who work at the institution, not assigned to the IG's Office, receive the same training.

The investigators that were interviewed for this audit were able to explain the investigation process. When they are first assigned to a case, they make sure that the alleged victim is safe and receiving medical attention, including a forensic exam if needed. They report to the crime scene and collect any evidence. They also collect the evidence from the forensic exam. They review staff reports and interview the victim. They then interview the suspect (if known) and any witnesses. The investigators stated that they also review any video tapes, phone calls, documents or other relevant evidence. Once all of the interviews are completed and evidence has been reviewed, they write a report stating the facts of the case. The investigator then submits the case to the Attorney General's for possible prosecution. The Warden of the facility is provided all of the reports. The Warden makes a determination of whether or not the case is substantiated, unsubstantiated or unfounded. The evidentiary standard to substantiate a case is preponderance of evidence.

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

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

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

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

There are a total of seven cases on the PREA case log for this audit period. Three of the cases did not meet the prima fascia of PREA. Even though the inmate claimed PREA, the facts of the incident did not support a PREA claim. These three cases were unfounded for this reason. Two cases were still

under investigation at the time of the audit. One case was an inmate-on-inmate sexual harassment and was investigated by the Camp Commander. This left only one completed case for this auditor to review. The initial documentation provided to this auditor was only the information available in NOTIS. It did not include supporting documentation, interview summaries, a list of evidence collected and statements to support the conclusion. When this was discussed with a representative from the IG's office, I was told that the official report is maintained in Reno. After the on-site portion of the audit, this auditor requested and received the additional information on the case. The information demonstrated that a thorough investigation was conducted and the conclusion was supported by facts.

Two of the cases' investigations were not initiated for several days after the information of the allegation was received. In both cases the information was received anonymously and alleged over familiarity. The delay in the initiation of the investigation was a result of the staff doing a preliminary inquiry to attempt to determine if the case was a PREA or a different form of staff misconduct. These cases were discussed in length with the investigator supervisor. Both of these cases involved contract staff.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

During the interviews with the investigators, they knew what level of evidence was required to substantiate a case. The Warden was also aware of these criteria.

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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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

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Administrative Regulation 421, Custodial Sexual Misconduct Inmates Sexual Offences and Prison Rape Elimination Act, requires that, at the conclusion of an investigation, the inmate be informed on whether the allegation has been substantiated, unsubstantiated or unfounded. Additionally, if the allegation is against a staff member, the department will inform the offender when the staff member no longer works in the unit, when the staff member no longer works at the facility, if the staff member is indicted on charges related to sexual abuse within the facility or if the staff member is convicted of on a charge related to sexual abuse within the facility. If the allegation is against another offender, the departmental policy requires the victim be notified if the perpetrator has been indicted or convicted on a charge related to sexual abuse.

JCC Operational Procedure 421 requires the PCM to notify the caseworker when the allegation has been substantiated, unsubstantiated or unfounded. The case worker then informs the inmate of the outcome of the investigation. If the allegation is against a staff member, the caseworker is to inform

the inmate when the staff member no longer works in the unit, when the staff member no longer works at the facility, if the staff member is indicted on charges related to sexual abuse within the facility or if the staff member is convicted of on a charge related to sexual abuse within the facility. If the allegation is against another offender, the caseworker will inform the inmate if the perpetrator has been indicted or convicted on a charge related to sexual abuse. The staff member will then enter this information in NOTIS.

The PCM provided this auditor with copies of emails showing that the investigation was complete and the outcome of the investigation. For each of these, copies of the NOTIS entries showing that the inmate was informed of the outcome of the investigation were provided to the audit team. These documents demonstrate compliance with this policy.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

During the interview with the Warden, he stated that it is the expectation that staff be terminated if they sexually assault an inmate, even if the inmate gives consent. There were no sexual assault allegations against any NDOC employees at JCC during this audit period.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

JCC has two cases that are still being investigated involving allegations of a contractor having a relationship with an inmate. In one case, the contractor resigned. In both cases gate stops were issued shortly after the on-site portion of the audit. Both of these employees worked for Nevada Division of Forestry at the time of the allegation. Based on conversation with NDOC staff, an assessment needs to be completed for each case and all future allegations. This assessment should determine what remedial steps need to take place to protect inmates while the investigation is being

conducted. These steps can include removal of contract staff, a temporary reassignment of the contract staff or taking no action at all. However the reason for the decision must be documented. The statuses of the contract staff should be re-evaluated as additional information is received.

To come in compliance JCC needed to provide documentation as to what remedial measures were going to take place to protect the inmates when these allegations were discovered. Additional language will be required to be included in the MOU with NDF, the Operational Procedure or the Administrative Regulation to review and allow for the reassignment of NDF staff (if deemed necessary) during an investigation of sexual abuse.

On August 22, 2018, the audit team was provided a document signed by both NDOC and NDF giving the NDOC the authority to restrict contact between a NDF employee and inmates during a PREA investigation. The document stated that this will be included in further contract language.

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)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.16, addresses the discipline process for inmates that are charged with sexual abuse/harassment of another inmate. The policy states that inmates shall be subject to disciplinary sanctions pursuant to Administrative Regulation 707, Inmate Disciplinary Process, following a finding that the inmate engaged in inmate-on-inmate sexual abuse, sexual harassment or consensual sexual activity. Inmates shall be subject to administrative disciplinary sanctions. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. JCC may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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

JCC has not had any substantiated allegations of inmate-on-inmate sexual abuse/harassment during this audit period.

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? Yes No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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. This includes adjacent camp inmates. The Inmate will be asked if he or she has experienced prior sexual abuse, whether it occurred in an institutional setting, jail, or in the community. If the inmate answers yes, staff will ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within "14 days" of the intake screening. A specialized binder will be located and maintained in the medical and mental health areas to identify the inmates in need of this follow-up.

The inmate will be asked if in his past, he has ever sexually abused another individual, If the inmate answers yes, staff will ensure that the inmate is offered a follow-up meeting with a mental health practitioner within "14 days" of the intake screening. A specialized binder will be located and maintained in the medical and mental health areas to identify the inmates in need of this follow-up.

Any information obtained from the inmate related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State or local law.

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

A list of inmates who claimed prior victimization was provided to the audit team. There was documentation in the inmate's files that showed that the inmates were seen, or refused to be seen, by the Mental Health clinician within 14 days of arrival. Usually the Mental Health clinician saw the inmate within 5 days.

During the interview with the Mental Health Clinician, she stated that, when an inmate arrives at JCC and answer affirmatively to the questions of prior victimization or perpetration, the Case Worker will inform her. She then sets up an appointment with the inmate to discuss her situation and set up a treatment plan. The Mental Health Clinician was able to explain when informed consent would be required for disclosure of previous victimization.

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

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JCC has one full time mental health clinician and one part time nurse. In the event of a medical emergency, the medical staff at Florence McClure Women's Correctional Center (FMWCC) will either direct the JCC staff to have the inmate taken to the nearest hospital or have the inmate transferred to FWMCC for medical treatment.

Medical INP 200, Title, states that all inmate victims of sexual abuse will receive timely unimpeded access to emergency medical/mental health treatment which will be determined by the health practitioner's professional judgment.

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

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

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

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

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

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

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

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

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

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

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

During the interview with the nurse, he stated that, if he is on duty, he would do an initial assessment of the inmate and stabilize them to make sure they are safe for transport. Based on his assessment, he would consult the doctor at FMWCC and then either have the inmate transferred directly to the hospital, or sent to FMWCC. He stated that if the inmate were returned to JCC, he would offer education on, and provide emergency contraception, sexually transmitted infection prophylaxis and pregnancy tests, if appropriate. He stated that all of these services are provided to the inmate at no cost.

The mental health clinician at JCC informed the auditors that she is available by phone at all times. In the event that an inmate is sexually assaulted, and returns to the facility, she would immediately see the inmate and assess their mental well-being. Based on her assessment she would set up a treatment plan and assist the inmate through the process.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

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

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In the event of a medical or mental health concern that require follow-up treatment, and the treatment is beyond the scope of the mental health clinicians license at JCC, the medical staff at Florence McClure Women's Correctional Center will schedule her appointments and have the inmate either temporarily transferred to FMWCC or transport her via vehicle on the day of her appointment.

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

In the event of sexually abusive vaginal penetration, the inmate will be offered a pregnancy test. If pregnancy results from the assault, the inmate will receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical services. Additionally the inmate will receive education and medical care for self and unborn child during the pregnancy. This includes education and care of a newborn child.

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.

The nurse at JCC told the auditor that if the inmate were returned to JCC, he would offer education on, and provide emergency contraception, sexually transmitted infection prophylaxis and pregnancy tests, if appropriate. If the inmate were to become pregnant, they would be transported to FCWCC for a higher level of care. He stated that all of these services are provided to the inmate at no cost.

The mental health clinician at JCC informed the auditors that she is available by phone at all times. In the event that an inmate is sexually assaulted, and returns to the facility, she would immediately see the inmate and asses their mental well-being. Based on her assessment she would set up a treatment plan and assist the inmate through the process.

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*)
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Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, directs the PCM to hold a mandatory sexual abuse incident review panel at the conclusion of each of the investigations, with the established date for the review determined by the institutional PREA Manager. The sexual abuse incident review is mandatory in all allegations except those that are determined to be unfounded. This meeting is held within 30 days of the conclusion of the investigation. The panel is comprised of upper level managers, the Office of Inspector General's investigator, the PCM and medical or mental health staff. The panel reviews whether or not policy needs to be revised or whether the incident was motivated by race; ethnicity; gender identity; or gang affiliation. The panel reviews the area that the incident took place and assess staffing levels, blind spots and if video monitoring would need to be augmented.

At the conclusion of the sexual abuse review meeting, a document is produced with recommendations, if any, for prevention of future sexual assault occurrences.

Both the PCM and the Camp Commander stated that, if they had a case that required a review, the PCM would prepare the committee and the Warden or Associate Warden would come to the facility, with the investigator and other staff and assess the incident. The Warden said he does review all PREA incidents and take the committees advisement on the cause of the incident. He stated that they review policy, staffing levels, camp inmate population dynamics and physical structure. If future sexual assault incidents can be prevented, then changes, within the scope of his control, will be made. In the event that the change requires major staffing changes or structural changes, he requests these through the proper channels of NDOC.

There were one sexual abuse allegations completed during this audit period and it was unfounded; therefor JCC did not have any Sexual Abuse Review Committees.

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

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

The PREA Coordinator 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.

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

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Instructions for Overall Compliance Determination Narrative

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

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

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

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

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

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

A review of the website and the information provided demonstrates compliance with 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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

During this audit, the auditor had access to, and toured, the entire facility. This auditor had access to every inmate, staff member, volunteer and contractor that this auditor requested to interview. The interviews were all conducted in the privacy of a staff office either in person or telephonically or an empty classroom. Each document that was requested was received, including sensitive documents, such as investigation reports, personnel information and inmate files. Inmates were allowed to send confidential correspondence to this auditor, if they wished. No letters were received from inmates prior to, during or at the conclusion of this audit.

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 within 90 days of issuance by auditor. The review period is for

prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The NDOC website contains a copy of the previous audit conducted at JCC. The audit was completed on August 21, 2014 and posted on the website on September 19, 2014.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

John N. Katavich

August 31, 2018

Auditor Signature

Date

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

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