

PREA Facility Audit Report: Final

Name of Facility: Northern Nevada Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 08/16/2024

Date Final Report Submitted: 02/14/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Sarah Howard	Date of Signature: 02/14/2025

AUDITOR INFORMATION	
Auditor name:	Howard, Sarah
Email:	sarah.howard1@cdcr.ca.gov
Start Date of On-Site Audit:	06/24/2024
End Date of On-Site Audit:	06/26/2024

FACILITY INFORMATION	
Facility name:	Northern Nevada Correctional Center
Facility physical address:	1721 Snyder Avenue , Carson City , Nevada - 89701
Facility mailing address:	

Primary Contact

Name:	James Wood
Email Address:	jpwood@doc.nv.gov
Telephone Number:	775-977-5158

Warden/Jail Administrator/Sheriff/Director	
Name:	John W. Henley
Email Address:	jhenley@doc.nv.gov
Telephone Number:	775-977-5013

Facility PREA Compliance Manager	
Name:	James Wood
Email Address:	jpwood@doc.nv.gov
Telephone Number:	775-977-5158
Name:	Fransisco Barrios
Email Address:	fbarrios@doc.nv.gov
Telephone Number:	775-977-5129

Facility Health Service Administrator On-site	
Name:	Megan Sullivan
Email Address:	msullivan@doc.nv.gov
Telephone Number:	775-977-5190

Facility Characteristics	
Designed facility capacity:	1626
Current population of facility:	1305
Average daily population for the past 12 months:	1152

Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and mens/boys
Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	46.87
Facility security levels/inmate custody levels:	Community Trust/ Minimum/ Medium/ Close/ Max
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	359
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1802
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	526

AGENCY INFORMATION

Name of agency:	Nevada Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	5500 Snyder Avenue, Building 17, Carson City, Nevada - 89701
Mailing Address:	P.O. Box 7011, Carson City, Nevada - 89702
Telephone number:	725-216-6012

Agency Chief Executive Officer Information:

Name:	James Dzurenda
Email Address:	jdzurenda@doc.nv.gov
Telephone Number:	725-216-6010

Agency-Wide PREA Coordinator Information

Name:	Deborah Striplin	Email Address:	dstriplin@doc.nv.gov
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Facility AUDIT FINDINGS**Summary of Audit Findings**

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-06-24
2. End date of the onsite portion of the audit:	2024-06-26

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Left multiple voicemails for Signs of Hope with no response.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1626
15. Average daily population for the past 12 months:	1354
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1310
19. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	20
20. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	113
21. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	150
22. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	5
23. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	15
24. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	5

<p>25. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>37</p>
<p>26. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>6</p>
<p>27. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>28. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>29. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>30. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>Offenders are not placed in segregated housing for risk of victimization at NNCC; confirmed and discussed as part of 115.43.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>31. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>337</p>

32. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	150
33. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1484
34. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

35. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	21
36. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>37. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The audit team began interviewing offenders on 6/25/24. Random offenders were selected across all housing units to ensure geographic diversity. The audit team also made selections of offenders with varying race, ethnicity, custody levels, and time in custody where possible. Selections were made by the lead auditor from a list of all offenders provided by the facility on the first day of the onsite visit. Interview sample sizes were derived from the PREA Auditor Handbook (Version 2.1, December 2022) and in accordance with the total offender population on the first day of the onsite audit. From the facility roster, the auditor oversampled and randomly selected at least two offenders from each housing unit. A total of 21 random offenders were interviewed after adjusting for availability and refusals.</p>
<p>38. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>39. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Of the initial random and target offender selections (and attempts to refill selections). The audit team randomly selected alternates to account for the refusals and intentionally oversampled to reach the minimum number of random interviews required. Offender interviews were conducted within private spaces in each facility, which allowed for confidentiality, efficient movement, and greater cooperation.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>40. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>24</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

41. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	<p>3</p>
42. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	<p>1</p>
43. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>3</p>
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>3</p>
45. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>

<p>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>4</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>5</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>4</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>4</p>

<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>51. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>51. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Offenders are not placed in segregated housing for risk of victimization at NNCC; confirmed and discussed as part of 115.43.</p>
<p>52. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>53. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>16</p>

<p>54. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>55. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>56. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>From a total of 337 staff members, random interviews were selected across all shifts, classifications, work assignments, tenure, and perceived gender, race, and ethnicity to ensure adequate representation. Selections were made by the lead auditor from a list of all staff provided by the facility while onsite. Random interviews were conducted using the Interview Guide for a Random Sample of Staff developed by the Department of Justice. A total of 16 random staff interviews were conducted. Staff interviews were conducted in a combination of the education building, the administration building, or their respective work location.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>57. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>32</p>

58. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
60. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

62. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	In addition to the aforementioned staff, the audit team interviewed staff members with the following specialized roles: Grievance Coordinator, Mail Room Supervisor, Classification Staff
63. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
63. Enter the total number of VOLUNTEERS who were interviewed:	3
63. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
64. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Enter the total number of CONTRACTORS who were interviewed:	4

64. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)

- Security/detention
- Education/programming
- Medical/dental
- Food service
- Maintenance/construction
- Other

65. Provide any additional comments regarding selecting or interviewing specialized staff.

From a total of 337 staff members, random interviews were selected across all shifts, classifications, work assignments, tenure, and perceived gender, race, and ethnicity to ensure adequate representation. Selections were made by the lead auditor from a list of all staff provided by the facility while onsite. Random interviews were conducted using the Interview Guide for a Random Sample of Staff developed by the Department of Justice. A total of 16 random staff interviews were conducted. Staff interviews were conducted in a combination of the education building, the administration building, or their respective work location.

In addition to the aforementioned staff, the audit team interviewed staff members with the following specialized roles: Grievance Coordinator, Mail Room Supervisor, Classification Staff

A host of interviews were conducted in advance of the team's onsite visit. Specialized staff were identified from a listing provided by the facility during the pre-onsite & onsite phase of the audit. The lead auditor randomly, when possible, selected staff from each identified specialized category. Specialized interviews were conducted using the Interview Guide for Specialized Staff developed by the Department of Justice. 32 specialized staff interviews were conducted using the applicable interview protocols. Virtual interviews were conducted by the audit team, within the 12-month audit period, with the Agency Head (designee); PREA Coordinator; and Agency Contract Administrator.

In addition to the aforementioned specialized staff, the audit team interviewed classification, grievance, mailroom, staff while onsite. The audit team did not interview non-medical staff who conduct cross-gender strip searches. As documented in the applicable standard discussions below, NNCC does not perform non-medical cross gender strip searches.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

66. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
67. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
69. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
70. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>71. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>72. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>73. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	10	7	10	7
Staff-on-inmate sexual abuse	10	4	10	4
Total	37	11	20	11

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	14	2	14	2
Staff-on-inmate sexual harassment	4	1	4	1
Total	18	3	18	3

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	8	0	0	0	0
Staff-on-inmate sexual abuse	15	0	0	0	0
Total	13	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	7	2	1	1
Staff-on-inmate sexual abuse	5	1	2	0
Total	12	3	3	1

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	5	0	0	0	0
Staff-on-inmate sexual harassment	4	0	0	0	0
Total	9	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	5	1	8	0
Staff-on-inmate sexual harassment	4	0	0	0
Total	9	1	8	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

80. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	9
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<p>81. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>82. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>5</p>
<p>83. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>84. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>85. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>86. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>87. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>88. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>9</p>
<p>89. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>90. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>8</p>
<p>91. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>92. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
93. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
95. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
96. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no allegations of Sexual Harassment that included allegations that were criminal in nature.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
97. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input checked="" type="radio"/> Yes <input type="radio"/> No
97. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	2

Non-certified Support Staff

98. Did you receive assistance from any **NON-CERTIFIED SUPPORT STAFF** at any point during this audit? **REMEMBER:** the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

99. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify your state/territory or county government employer by name:

California Department of Corrections and Rehabilitation

Was this audit conducted as part of a consortium or circular auditing arrangement?

- Yes
- No

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. NDOC PREA, Administrative Regulation (AR)- 421 (effective date 2/8/24) 3. State of Nevada, Department of Corrections, PREA AR 421 Manual (effective date 8/30/22) 4. NDOC, PREA, AR 421 Manual, Excerpt 1.0 Prevention Planning (dated May 18, 2023) 5. NDOC, PREA, AR 421 Manual, General Definitions (dated May 18, 2023) 6. NDOC, NNCC, Operational Procedure 421, Custodial Misconduct, Inmate Sexual Offenses, and Prison Rape Elimination Act (effective date 8/9/16) 7. Agency Organization Chart (dated 8/31/18) 8. NDOC PREA Organizational Chart (dated 2/23)

9. State of Nevada, Department of Corrections Memorandum, Agency PREA Coordinator (dated 1/14/21)
10. State Of Nevada Department of Corrections Memorandum, PCM Memo (dated 1/20/23)

2. Interviews

1. PREA Coordinator
2. PREA Compliance Manager (PCM)

3. Findings (By Provision)

115.11(a) Northern Nevada Correctional Center (NNCC) indicated in their response on the Pre-Audit Questionnaire (PAQ) that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in all facilities. NDOC AR 421, 421.01- Zero Tolerance Policy states "The Department has a Zero Tolerance policy for any form of sexual misconduct to include staff/contractor/or volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact, and consensual sex." The State of Nevada Department of Corrections PREA AR 421 Manual, 1.0 Prevention Planning, states "The Department has a "Zero Tolerance" for any form of sexual misconduct including staff, contractors, or volunteers on an offender or offender-on-offender sexual harassment, sexual assault, and/or sexually abusive contact. Any staff member, contractor, or volunteer who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be subject to disciplinary action and may be subject to criminal prosecution." The agency's policy, PREA AR 421 Manual, goes onto outline how the agency will implement the agency's approach to sexual abuse, and sexual harassment; definitions of prohibited behaviors regarding sexual abuse and sexual harassment; sanctions for those found to have participated in prohibited behaviors; agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

While this direction is adopted by the facility, NNCC has taken the additional measure to develop supplemental procedural guidance in the local operational procedures (NNCC Operational Procedure (OP) 421, Custodial Sexual Misconduct, Inmate Sexual Offenses, and Prison Rape Elimination Act) to guide their response to sexual abuse and sexual harassment.

The final analysis of the evidence indicates the facility is in substantial compliance with the provision.

115.11(b) NNCC indicated in their response to the PAQ that the agency employs or designates an upper-level, agency-wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. NDOC has designated one full time, permanent position to serve in this capacity. NDOC has one Statewide PREA Coordinator, Deborah Striplin, who has the authority to oversee the agency's efforts to comply with the PREA Standards and in all its facilities. The PREA Coordinator's responsibilities are explained in the State of Nevada, Department of Corrections Memorandum, Agency PREA Coordinator, which states "The PREA Coordinator has the

authority necessary to create and implement agency-wide policies, procedures, and practices.” The NDOC PREA Organizational Chart indicates the PREA Coordinator has authority to provide direction to Facility Wardens, and PREA Compliance Managers. This is further supported by AR 421.02, which states “The Director will designate a Department PREA Coordinator with sufficient time and authority to oversee the Department’s efforts to comply with the PREA standards for the Department and in all facilities including providing direction to facility Wardens and PREA Compliance Managers. This position is assigned to the Office of the Inspector General, PREA Management Division, and supervised by the Inspector General with direct access to the Director and the Department’s executive leadership team. The PREA Coordinator has the authority necessary to create and implement Department-wide policies, procedures, and practices.”

During the specialized interview the PREA Coordinator confirmed the position is a full time position, and she has enough time to manage all PREA related responsibilities.

The Agency PREA Coordinator memorandum explains “This position is assigned to the NDOC's Office of the Inspector General, and PREA Management Division. The position is supervised by the agency's Inspector General, with direct access to the Director and the agency's executive leadership team.” The NDOC PREA Organizational Chart further indicates the Agency PREA Coordinator reports to the NDOC Inspector General, who reports directly to the Agency Director.

The final analysis of the evidence indicates the facility is in substantial compliance with the provision.

115.11(c) NNCC indicated in their response to the PAQ that the facility has a designated PCM who has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. NNCC designated Lieutenant (Lt.) James Wood. Additionally, per State of Nevada Department of Corrections memorandum, PCM Memo, NNCC has designated a backup PREA Compliance Manager.

During his specialized interview Lt. Wood reported he has sufficient time to manage his PREA related duties. Lt. Wood explained he is supported by his back up PCM, and able to confer with the PREA Coordinator as needed. At the facility level the PCM reports directly to the Warden and has regular access to and interaction with the executive leadership team, which was verified through conversations with both. At the agency level, the PCM reports to the PREA Coordinator who indicated during her interview that she communicates with the PCMs on a regular basis via telephone, email, video conference, site visits and training. AR 421 states “The Warden at each institution/facility will designate a PREA Compliance Manager, (PCM) with sufficient time and authority to coordinate the institution/facility compliance with the PREA standards. The PCM will have direct access to the Warden, the facility’s executive or senior leadership team, and the Department PREA coordinator.”

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

	<p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. NDOC, PREA, AR 421 Manual, Excerpt 1.0 Prevention Planning, 4. (effective date 2/8/24) 3. State of Nevada Department of Corrections memorandum, DOJ Auditor memo- 115.12 – Contracting with other entities for the confinement with inmates (dated 1/28/21) 2. Interviews <ol style="list-style-type: none"> 1. Agency’s Contract Administrator 3. Findings (by provision) <p>115.12(a) NNCC indicated in their response to the PAQ that the agency has not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit. The DOJ Auditor memorandum titled “115.12 – Contracting with other entities for the confinement with inmates” indicates that all inmates housed at contracted facilities were returned to NDOC facilities as of November 2020. The memorandum goes onto explain that the contract has expired and will not be renewed.</p> <p>Despite not actively contracting for the confinement of its offenders, NDOC does have policy (PREA AR 421) language that requires “When the Department contracts for the confinement of offenders with private agencies or other entities, the Contract Administrator shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the Department of Justice PREA standards.”</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>115.12 (b) NDOC and NNCC do not currently contract for the confinement of its offenders with private agencies or other entities. This was confirmed during the interview with the Agency’s Contract Administrator, and via the DOJ Auditor memorandum titled “115.12 – Contracting with other entities for the confinement with inmates”.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with</p>

	<p>this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. NDOC, PREA, AR 421 Manual, Excerpt 1.0 Prevention Planning (effective date 2/8/24) 3. NDOC AR 326 Posting of Shifts/Overtime (effective 9/16/14) 4. NDOC NNCC Annual Staffing Plan Review- Calendar Year 2022 5. NDOC NNCC Annual Staffing Plan Review- Calendar Year 2023 6. Annotation 2024-04-04 08658 7. 115.13-b-1, deviation documentation 8. NDOC AR 400 General Security/ Supervision Guidelines (effective 3/19/23) 9. Unannounced Supervisor Tour logs 2. Interviews <ol style="list-style-type: none"> 1. Warden 2. PREA Compliance Manager 3. Intermediate or Higher-Level Facility Staff 4. Random Staff 3. Findings (by provision) <p>115.13(a) NNCC indicated in their response to the PAQ that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. PREA AR 421 Manual 5. Explains the staffing plan exceptions, including the 11 required elements for consideration. NNCC was designed to accommodate 1,626 offenders. The staffing plan is predicated on an average daily population of 1,152 offenders. The average daily number of inmates since the last audit is 1,359 offenders.</p> <p>The current staffing plan indicates there are one hundred and eighty-one (181) sworn custody staff member, that include one hundred and thirty-six (136) Correctional Officers, and twenty-one (21) Senior Correctional officers. Supervisory custody staff members consisting of eight (8) Lieutenants and sixteen (16) Sergeants. There are currently one hundred ten (110) Correctional Officer vacancies.</p>

During the specialized interview with the Warden, he explained there is one judicial findings in inadequacy, the Stickney Agreement, which requires a minimum of two (2) Correctional Officers in Housing Units 1, 2 & 3. This was further confirmed in the PCM Specialized interview. The Warden and PCM affirmed the 11 required elements of this provision are considered on an annual basis when reviewing the staffing plan.

During the site review, the audit team observed several areas that may benefit from additional or enhanced supervision (by way of staff, movement pattern, video monitoring, or physical plant modification). Areas included; Randomly unsecured doors; Admin Hallway Pipe chase door (ie. loose handle results in door able to open even when locked; Squad room steam tunnel (ie. unlocked); records room (ie. windows covered); Admin Hallway (ie. multiple staff offices with no visibility into room); canteen staff restroom door lock repair; Metal Fab area loft area ladder (ie. secured to wall, but only offenders have the key to unlock the ladder); upholstery loft (ie. no visibility into loft area); Unit 6 shower curtain (ie. too high); Unit 7B (ie. multiple covered cell windows).

Unlocked doors and the unit 6 shower curtain was remedied immediately while onsite. The facility's camera project will enhance supervision of most of these areas. Many areas of the facility are scheduled for additional cameras by the end of 2024, through the Capital Improvement Project (CIP). The remainder of the site review revealed sound correctional practices that serve to mitigate risk presented by physical plant, video surveillance, and/or staffing limitations (i.e. large office/classroom windows; regular unannounced rounds; locked doors; open or low shelving; mirrors; elevated posts; controlled movement; open floor plans; partially frosted bathroom windows or partitions; adequate supervision ratios; etc.).

The auditor's review of the facility's staffing plan revealed the facility is detailed in defining what positions are required to meet minimum staffing levels, including supervisory staff, on each shift. NNCC prepares an annual review of its staffing plan which is documented on NDOC Prison Rape Elimination Act (PREA) Annual Staffing Plan Review worksheet and includes a consideration of the 11 elements, and is reviewed by the warden, PCM and PREA Coordinator.

During a period of corrective action, the facility corrected all areas that required enhanced supervision to include: Areas included; fixing the loose handle on the Admin Hallway Pipe chase door; locking the Squad room steam tunnel door; removing window covering on records room; Enacting a new policy of no Offenders in Admin Hallway; repairing canteen staff restroom door lock; Changing key on the Metal Fab area loft area ladder to a staff only key; creating visibility into upholstery loft.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (b) NNCC indicated in their response to the PAQ that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. In the past 12 months, NNCC reported there have been deviations from the staffing plan due to hospital coverage, medical transport, and sick leave. PREA AR 421 Manual 5. indicates "In circumstances where the staffing plan is not complied

with, the facility shall document and justify all deviations from the plan.” These deviations are documented as Incident Reports (IR) which documents the shortage, and why it occurred. The IR is documented within the NOTIS System.

While deviations are possible, the Warden and PCM stated reductions in staffing are minimized by the use of “pull down” positions, voluntary overtime and mandatory overtime. Furthermore, both the Warden and PCM confirmed in cases where the staffing plan is not meet, the incidents are documented on an IR via NOTIS, and provided examples of these in the PAQ.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13(c) NNCC indicated in their response to the PAQ that At least once every year the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan, the deployment of monitoring technology, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. PREA AR 421 Manual 6. States “The Warden/designee from each institution shall, on an annual basis, arrange for a discussion, review, and documentation involving the PREA Coordinator and the Deputy Director of Operations regarding the staffing plan for the institution and any designated satellite facility for the institution, to ensure that the plan provides for adequate levels of staffing.” PREA AR 421 Manual goes onto explain this review will occur each February, and documented on the Annual Staffing Plan Review form, and the form shall be submitted to the Deputy Director of Operations each March.

Discussions with the PREA Coordinator, Warden and PCM confirmed this annual review process. The Warden indicated there is a process in place to review the staffing plan least annually through the PCM, and the PREA Coordinator indicated she communicates with the Warden, and Deputy Director to review staffing plans annually, and review requested changes. The auditor reviewed NNCC’s 2023 Staffing Plan Analysis the plan is signed by the PCM; the PREA Coordinator documented that no further action is needed.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13(d)

NNCC indicated in their response to the PAQ that the facility requires intermediate- or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. PREA AR 421 Manual 9. states “All institutions and facilities in accordance with this manual and Administrative Regulation 400, General Supervision/Security Guidelines, shall have a policy and practice for intermediate-level or higher-level supervisors conducting and documenting unannounced tours to deter and/or identify any staff or offender sexual abuse and/or sexual harassment of off enders.” And goes on to explain these rounds shall be implemented on day and night shifts, employees are prohibited from alerting other staff of the unannounced supervisor tour, and how these rounds shall be documented.

	<p>NNCC indicated in their response to the PAQ that the facility does NOT prohibit staff from alerting staff from alerting other staff of such rounds, which is inconsistent with the written policy. During conversations with the PCM it was determined the entry into the PAQ was an error, however, informal conversations with random staff indicated that they were not aware of the prohibition of alerting other staff members that these supervisory rounds are occurring.</p> <p>Interviews with intermediate and higher-level staff verified that unannounced rounds are completed, and documented in NOTIS, or logbook if one is in the area.</p> <p>During the onsite audit phase, the auditor had informal conversations with random staff who indicated that supervisory staff do complete unannounced rounds, and the unit staff documents the round in the NOTIS system. The auditor requested the PREA - Unannounced Supervisor Tour log for January 1, 2024, through June 25, 2024, (the date of the request). A review of the tour logs indicates rounds in the housing units, and culinary are at random times, and on all shifts. The review indicated there were no rounds for other areas in the six-month review period to include: Gym/ Chapel/ Law Library, Canteen, Laundry/ Boiler room, and Maintenance. Additionally, there were minimal rounds conducted in; Culinary, Prison Industry areas, and operations area. During the site review it was noted that some areas did have logbooks, however, the documentation in these logbooks was inconsistent, and not in all areas of the facility.</p> <p>During a period of corrective action, the facility provided evidence that supervisory rounds had been expanded to all facility areas to include Gym/ Chapel/ Law Library, Canteen, Laundry/ Boiler room, Maintenance. Culinary, Prison Industry areas, and operations areas. Additionally, the facility provided training to all staff via memorandum on the prohibition of 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.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

1. Documents:

1. Pre-Audit Questionnaire
2. NDOC, PREA, AR 421 Manual, Excerpt 1.1 Youthful Offenders (effective date 2/8/24)
3. NDOC AR, Youthful Offender Classification AR - 502 (effective date 5/16/17)
4. NDOC, NNCC, OP 502 Youthful Offender Classification (effective date 2/13/24)

2. Interviews

1. Line Staff who Supervise Youthful Inmates
2. Education and Program Staff who Work With Youthful Inmates
3. Youthful Inmates

3. Findings (by provision)

115.14(a) The facility indicated in their response to the PAQ that the facility does house youthful inmates and does not place youthful inmates in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. AR 421 Manual Excerpt 1.1 provides the policy for this requirement and states the department will implement policy that a Youthful Offender "shall not be placed in a housing unit where a YO will have sight, sound or physical contact with any offender over the age of 18, including use of a shared dayroom or other common space, shower area, or sleeping quarters." To comply, NNCC has elected to house all Youthful Offenders in Housing Unit 6, which only houses offenders under the age of 18. Housing Unit 6 has general population cells, Administrative Segregation cells, a dayroom, Caseworker offices, telephones, and an outside yard that all provided sight and sound separation from Offenders over the age of 18. This information was reported via the PAQ, interviews with the PCM, Warden, and PREA Coordinator, and affirmed in NNCC OP 502

During the site review the PCM explained late in the evening before the Youthful Offender's 18th birthday, the offender is escorted to the intake area, and placed in a holding cell by themselves, and provided constant observation, until midnight. After midnight, and the offender is 18 years old, they are processed as an adult offender, and reassigned to an adult housing unit. The auditor affirmed during the site review that separation as required by this provision is achieved. Further, during the site review staff assigned to housing unit 6 explained that when there are needs for maintenance within the housing unit, the work is conducted by maintenance staff members, and the maintenance offender will remain outside the building.

Reviews of housing unit rosters indicate that no Offenders over the age of 18 are housed in housing units 6.

Specialized interviews with two Line Staff who Supervise Youthful Inmates indicated they are able to maintain sight and sound separation between youthful and adult offenders, and there have been no circumstances in the past 12 months in which the separation has been difficult to achieve. As Housing Unit 6 is used solely to house

Youthful Offenders they have not had to house any youthful offenders in restrictive housing to ensure separation from adult offenders.

During interviews with three Youthful Offenders, all three offenders indicated they have no contact with adult offenders.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.14(b) The facility indicated in their response to the PAQ that the facility does maintain sight and sound separation between youthful offenders and adult offenders or provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact in areas outside of housing units. OP 502 states "In areas outside of housing units NNCC shall: A. Maintain sight and sound separation between youthful Offenders and adult Offenders, or B. Provide direct staff supervision when youthful Offenders and adult Offenders have sight, sound, or physical contact."

During the site review, the auditor observed that Housing Unit 6 has an outside exercise yard, used solely for youthful offenders. The Yard is on the backside of the building and has no line of sight to or by adult offenders. Additionally, there is always at least one staff member out on the yard when Youthful Offenders are utilizing the yard.

The youthful offenders do utilize the education area Monday through Friday. The onsite phase of the audit was during summer vacation; therefore, the auditor was not able to watch this process, however, the housing unit staff explained the process to escort the youthful offenders to and from the education area. The staff explained there is a transportation vehicle utilized to escort the youthful offenders to and from the education area. The staff will ensure the area between the building and transportation vehicle is clear of all adult offenders, and then the youthful offenders are escorted to the vehicle. A staff member assigned to Housing Unit 6 will go with the youthful offenders to the education area in the vehicle, ensure the hallway of the education area is clear of adult offenders, and the youthful offenders are then escorted to their classroom at the back of the building. Once the youthful offenders are in their classroom, adult offenders are prohibited from crossing into the area in which they can see into the youthful offender classroom. An officer assigned to housing unit 6 remains in the classroom for the entirety of classes. At the end of the class sessions, the process of clearing the hallway is repeated, and the youthful offenders are escorted back to the housing unit.

Interviews with youthful offenders confirmed the process of getting to and from the classroom, and confirmed they have no direct contact with adult offenders when outside of the housing unit.

Specialized interviews with two Line Staff who Supervise Youthful Inmates indicate they provide direct supervision anytime a youthful offender may have sight, sound or physical contact with adult offenders. Specialized interviews with two Education and Program Staff who Work With Youthful Inmates indicated there is never any direct contact between adult and youthful offenders.

	<p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.14(c) The facility indicated in their response to the PAQ that the facility has not placed youthful offenders in isolation to comply with this provision in the past 12 months, and youthful offenders are not denied daily large-muscle exercise and any legally required special education services to comply with this provision, absent exigent circumstances. AR 421 PREA manual excerpt 1.1 states “Facilities will avoid placing YO in isolation where the YO would be denied daily large-muscle exercise and/or any legally required special education services to comply with this standard.”</p> <p>Informal conversation with housing unit 6 staff indicated that while there is restrictive housing within the housing unit, it is not utilized solely to comply with the provision of the standard, and all youthful offenders are offered daily access to large-muscle exercise, legally required education services, and other programs. Each Youthful Offender may come out of the cell every day for exercise, yard, school and programs, access to telephones, etc.</p> <p>Interviews with youthful offenders confirmed that no youthful offenders had been placed in segregation to provide sight and sound separation from adult offenders.</p> <p>Specialized interviews with two Line Staff who Supervise Youthful Inmates additionally confirmed that no inmate had been placed in segregation in order to separate them from adult offenders. Both staff also reiterated all youthful offenders are offered exercise, yard, school and programming, and access to phones daily. Specialized interviews with two Education and Program Staff who Work With Youthful Inmates indicated while the getting the youthful offenders to and from class requires more coordination than with adult offenders, they have created a system that does not interfere with youthful offenders regular participation in education programs.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. NDOC, PREA, AR 421 Manual, Excerpt 1.2 Limits to Cross-Gender

Viewing and Searches (effective date 2/8/24)

3. NDOC AR 492, Inmate Body Cavity Searches for Contraband (effective date 9/16/14)
 4. State of Nevada Department of Corrections, Office of Inspector General, PREA Management Memorandum, to DOJ Certified Auditor, titled 115.15 (dated 7/15/16)
 5. NDOC, NNCC OP 422, Search and Seizure Standards (effective date 8/9/16)
 6. Female Entering Male housing unit announcement log
 7. Male Entering Female housing unit announcement log
 8. NDOC Standard Clothed Body Search instructions
 9. State of Nevada Department of Corrections Memorandum, dated July 23, 2021, to DOJ PREA Auditor, title 115.15(f) (dated 7/23/21)
 10. NDOC PREA AR 421 (dated 8/30/22)
 11. State of Nevada Department of Corrections Training Acknowledgment Form, Agency Universal Compliant Searches
 12. Universal Search Video
 13. Universal Clothed/ Unclothed Body Searches, 2017 In-Service Training PowerPoint
2. Interviews
 1. Random Staff
 2. Random Inmates
 3. Transgender/ Intersex Inmates
 3. Site Review
 4. Findings (by provision)

115.15(a) The facility indicated in their response to the PAQ that the facility does conduct cross-gender strip or cross-gender visual body cavity searches of inmates, however upon further conversation with the PCM it was determined this was in error, and the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past 12 months, NNCC staff have conducted zero cross-gender or cross-gender body cavity searches. AR 421 PREA Manual Excerpt 1.2 states "Staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners." Furthermore AR 492 requires "any search of an inmate's body cavity will be done in a manner consistent with compliance to the Pison Rape Elimination Act and the applicable standards."

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15(b) The facility indicated in their response to the PAQ that this provision is not applicable to NDOC, as male staff are prohibited from conducting pat or unclothed body searches of female offenders. It should be noted female offenders are only housed at NNCC for short periods of time for intake, medical reasons, court, or advance of paroling or release therefore, there is minimal regular programming and out-of-cell opportunities.

The facility indicated in their response to the PAQ that they have had zero pat-down searches of female inmates that were conducted by male staff.

One interview was conducted with a female offender who indicated she has never been unable to participate in activities outside of her cell because no female staff were available to conduct a pat search. Additionally, she stated she has never had a pat search or an unclothe search conducted by a male staff member while at NNCC.

Interviews with 16 random staff confirmed that if a female staff was not available to conduct a pat search the facility would not restrict a female offender's access to programs or out-of-cell program.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15(c) The facility indicated in their response to the PAQ that the facility requires all cross-gender strip searches and cross-gender visual body cavity searches be documented. AR 421 PREA Manual Excerpt 1.2 states "All exigent cross-gender strip or cross-gender visual body cavity searches will be immediately reported to the Warden/designee and PCM in every instance. All exigent cross-gender strip or cross-gender visual body cavity searches will be documented in NOTIS for every instance." And "Each institution and facility, where applicable, shall have a policy requiring that all cross-gender pat-down searches of female offenders will be documented."

NNCC reported there have be zero cross-gender strip or cross-gender visual body cavity searches of inmates and zero pat-down searches of female inmates that were conducted by male staff in the past 12 months.

During the facility review the auditor confirmed no cross-gender strip, cross-gender visual body cavity searches of inmates, and pat-down searches of female inmates by male staff had been conducted as no related IR in NOTIS were recorded. This was also confirmed during interview with 16 random staff, and 45 random and targeted inmates who all indicated they were not aware of any such searches.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15(d) The facility indicated in their response to the PAQ that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. NNCC OP 422 states "Staff shall allow inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks." And goes on to require "staff of the opposite gender shall announce their presence when entering an inmate housing unit/living area."

During the onsite audit phase, the auditor viewed the shower and toileting areas in

each housing unit (including administrative segregation and medical areas) from multiple vantage points to ensure that staff did not have the ability to observe genitalia. The auditor's view of these units designed in various ways confirmed that staff do not have the ability to see inside the showers which were outfitted with fixed barriers, privacy film, shower curtains, and protective coverings over the cuff port. There are no work change areas in which offenders are subject to unclothed body searches.

The auditor reviewed video monitoring systems and observed in Housing Unit 8B, suicide cells have in cell camera systems. At the time of the audit, the view of the live stream footage was limited to Managers (both male and female), however, the PCM stated there is discussion to assign access to specific staff. The view of the in-cell footage does not enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Review of all other video monitoring confirmed that offenders are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia via the camera system.

Interviews with all 45 random and targeted offenders affirmed they are able to shower, use the toilet, and change clothing in front of staff of the opposite gender. Additionally, all 45 offenders stated they have never been naked in full view of staff of the opposite gender.

During the onsite audit phase, the audit team consistently heard opposite gender announcements when a staff member of the opposite gender were not already present. Informal staff interviews revealed that staff regularly announce verbally and record such announcement in the NOTIS system; the auditor was provided copies of the opposite gender announcement logs. Of the 16 randomly interviewed staff members, all 16 stated that the announcement is consistently completed by the female staff member as they enter the unit. With the exception of a few outliers, the majority of inmates affirmed that staff of the opposite gender announce themselves when they enter housing units.

During a period of corrective action, the facility issued a memorandum to NNCC Supervisors indicating 11 staff members were removed from the authorized user list to view the Unit 8B Suicide cells camera. Furthermore, the memorandum provided direction "Substituting same-gender correctional staff or medical staff to observe the periods when an offender is showering, performing bodily functions, or changing clothes. If the suicide watch is being conducted via live video monitoring, by digitally obscuring an appropriate portion of the cell. Any privacy accommodation must be implemented in a way that does not pose a safety risk for the individual on suicide watch."

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15(e) The facility indicated in their response to the PAQ that the facility has a policy prohibiting staff from searching or physically examining a transgender or

	<p>intersex inmates for the sole purpose of determining the inmate’s genital status. AR 421, PREA Manual states “All Department non-medical staff is prohibited from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status.”</p> <p>In accordance with the policy, the facility reported that no such searches have occurred in the past 12 months. This was confirmed by interviews with five offenders who identify as Transgender or Intersex, who all affirmed they do not believe they have been strip searched for the sole purpose of determining their genital status. Additionally, all 16 randomly interviewed staff stated they were aware of the policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the purpose of determining that inmate’s genital status.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.15(f) The facility indicated in their response to the PAQ that 100 percent of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. The Memorandum, 115.15(f), dated July 23, 2021, indicates all custody staff receive training on the agencies Universal Pat Search procedure, utilizing the back of the hand on both male and female offenders breast/ chest area. The Universal Clothed/ Unclothed Body Searches 2017 In-Service Training explains “Staff will conduct clothed and unclothed searches in a professional and respectful manner possible, consistent with security needs.”</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action:</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 1.3 Offenders with Disabilities and Who are

- Limited English Proficient (effective date 2/8/24)
 - 3. Department of Health and Human Services memorandum, Sign Language Interpreting (dated 7/22/2021)
 - 4. Contract for Service between NDOC and Corporate Translation Services DBA Language Link (effective 02/2017)
 - 5. Language Link Translation Language List
 - 6. Contract for Service between NDOC and American Sign Language Communication (effective 02/2017)
 - 7. NDOC AR 658, Reasonable Accommodation for Inmates with Disabilities (effective date 05/15/2018)
 - 8. Email to PCM's titled 115.16 and 115.33 (dated 8/24/2023)
 - 9. Large Font English PREA Orientation handout (English and Spanish)
 - 10. PREA Orientation Handout (Spanish)
 - 11. Ending Silence: Demanding Safety from Sexual Abuse- Don't touch me
- 2. Interviews
 - 1. Agency Head
 - 2. Random Staff
 - 3. Inmates (with disabilities or who are limited English proficient)
 - 3. Site Review
 - 4. Findings (by provision)

115.16(a) The facility indicated in their response to the PAQ that they agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. AR 421, 1.3 states "Each institution and facility will develop a procedure and utilize the necessary resources that are available to assist offenders who have disabilities to ensure those offenders have equal access to participate in or benefit from every aspect of the prevention, detection, and response to sexual abuse or sexual harassment."

NDOC maintains a contract with American Sign Language Communication for Sign Language translation services. These services are available 24 hours a day, seven days a week via in-person, over-video-remote, captioning and real-time translation services. During the onsite portion of the audit there were not offenders who required sign language translation services.

During the onsite review the audit team observed postings in every housing unit, and general area with information of how to access Emotional Support services, and how to report PREA Allegations in both English and Spanish, in a large font.

During the interview with the Agency Head, he explained effective communication is utilized with all offenders, and staff will access the level of understanding. Offenders are provided information in large print format, braille, and access to translation services as needed.

Interviews were conducted with seven offenders with varying degrees of physical,

visual, and hearing limitations. With the exception of one offender, they each indicated they were provided with accommodation, access to facility services, and are provided with accessible material regarding their rights to be free from sexual abuse and sexual harassment, as well as information about reporting sexual abuse and sexual harassment. One Offender stated they received the information, however, due to their cognitive impairment they did not understand the information, and they were not provided with staff to help them understand the information.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.16(b) The facility indicated in their response to the PAQ that they agency has established procedures to provide those with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. AR 421, 1.3 states "The Department will have resources available for use through a contracted language bank for interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary."

NDOC maintains a contract Corporate Translation Services DBA Language Link for language translation services via Language Link. These services are available 24 hours a day, seven days a week via the telephone.

NNCC provided a list of languages for which Language Link provides services via the PAQ, and information with how to access the language link system was noted to be in Case Worker Offices during the onsite portion on the audit. During the onsite phase of the audit, the audit team tested the language link system during interviews with offenders who required translation services. The services were easy to access, and the translation services were provided effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Interviews were conducted with four offenders who are limited English proficient, three of whom required translation services via the language link. Of the four offenders interviewed, three indicated the information at intake was only provided to them in English, and they had to rely on other inmates to assist them with understanding the information. When asked if the facility has provided someone to help them read, write, speak or explain things, specifically understanding their rights related to sexual abuse and sexual harassment one offender stated they did not need assistance as they can read English, one offender stated they have only ever been helped by other offenders, and two offender stated they have been helped one time by a Correctional Officer. During the onsite review, it was further affirmed that written intake information was only available in English in the intake area.

During a period of corrective action, the facility provided evidence PREA orientation information is available in Spanish. Additionally, the PCM posted the PREA "At a Glance" Poster throughout the facility in staff areas, which explains "If an Offender has limited English proficiency or a disability (i.e. limited hearing or vision, deaf, blind, cognitive), staff shall engage any of the appropriate resources below to achieve

	<p>effective communication.” And lists options available to assist those offenders.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.16(c) The agency indicated in their response to the PAQ that the agency prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first- response duties, or the investigation of the inmate's allegations. The facility engages interpretation services to avoid using inmates in this capacity. NNCC has not used an inmate in this capacity in the past 12 months. AR 421, 1.3 restates this provision.</p> <p>Interviews with seven offenders with disabilities, and four offenders who are limited English proficient affirmed they are all able to read the posting in the housing units. With the exception of one outlier, all offenders affirmed they have never had to rely on an inmate interpreter. Interviews with 16 random staff confirmed that they were not aware of any instance where an inmate interpreter was used to assist with first responder or investigative actions, and further affirmed they would utilize the language link for translation services. The auditor’s interview with the PCM verified the information provided during the onsite audit phase.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 1.4, Hiring and Promotion Decisions 3. DOC 1957, New Hire & Promotional Candidate PREA Questionnaire (revised 1/2023) 4. DOC 1952, Contractor and Volunteer PREA Questionnaire (revised 1/2023) 5. Memorandum: 115.17 Hiring and Promotions (dated 2/15/2023) 6. DOC 1953, NDOC PREA Zero Tolerance Policy and Reporting

7. Interlocal Contract between NDOC and Nevada Division of Forestry (NDF) (signed 12/14/2021)
8. NDOC AR 421
9. DOC 1956 NDOC Prior Confinement Background Check (dated 12/2023)
10. New Hire Roster (dated 5/2/2024)
11. NDOC AR 802, Community Volunteer Program
12. DOC 074, NDOC Security Regulations Acknowledgement (revised 2/2022)
13. NDOC AR 126, Interagency Cooperation (effective date 9/16/2014)
 1. Vendor Background Report 2023-2024
14. NNCC PREA Employee Backgrounds
15. NNCC PREA Employee Backgrounds IR examples
 2. Interviews
 3. Findings (by provision)

115.17(a, b, f) The facility indicated in their response to the PAQ that the agency prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of a contractor who may have contact with inmates who may have engaged in any of the conduct detailed in this provision. NDOC utilizes a centralized Human Resources office for all NDOC facilities, who process all new hires, promotions and contract staff. AR 421, 1.4 Hiring and Promotion Decisions maintains The Department will not hire or promote anyone who may have contact with offenders and shall not enlist the services of any contractor or volunteer who may have contact with an offender who:

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other facilities;
- b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- c. Has been civilly or administratively adjudicated to have engaged in the activity described above.

The AR additionally requires that incidents of sexual harassment be considered when hiring, promoting or enlisting services of a contractor. Additionally, the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct. AR 421 states "The Department shall ask all applicants and employees who may have contact with offenders directly about previous misconduct referenced above under 1. (a-c), in written applications or interviews for hiring and promotions." And "All staff have an affirmative and immediate duty to disclose any sexual abuse conduct."

The specialized interview with the Human Resources Staff affirmed that incidents of sexual harassment are considered when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with

offenders.

The agency's form New Hire & Promotional Candidate PREA Questionnaire (DOC 1957) prompts new, and promotional candidates to answer, if they have ever "Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or any other place of detention?", if they have ever "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?" and if they have ever "Civilly or administratively adjudicated to have engaged in the activity described above?" If the candidate provides an affirmative response they are asked to provided additional information regarding the incident. The Contractor and Volunteer PREA Questionnaire (DOC 1952) asks the same questions for all potential contractors and volunteers. The most recent update of each form includes the question have you ever "Engaged in sexual harassment of any person in the community or confinement setting?". The auditor reviewed personnel records of 24 new and promotional hires, and 10 contractors.

The specialized interview with the Human Resources Staff explained that all new hires, and promotional candidates must complete the PREA questioner prior to being hired. She additionally confirmed all employees and contractors have an affirmative duty to report.

Of the 24 new and promotional hires files reviewed, 20 (83%) had completed the DOC 1957, all of the 20 staff provided a "no" responses to the questions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17(c) The facility indicated in their response to the PAQ that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. AR 421, 1.4 requires prior to a new employee being hired Human Resources shall:

a. Perform a National Criminal Information Center (NCIC) and FBI fingerprint criminal background records check; and

b. Consistent with Federal, State, and local law, make its best effort to contact all prior facility employers for information on substantiated allegations of sexual base or any resignation during a pending investigation of an allegation of sexual abuse a criminal background records check shall be performed.

The specialized interview with the Human Resources Staff affirmed the agency runs NCIC and FBI background checks on all new hires, and staff being considered for promotions. He additionally stated that all employee for NDOC have an affirmative duty to report. The facility indicated in the past 12 months 75 new hires who may have contact with inmates have had criminal background record checks completed.

The auditor reviewed personnel records of 24 new and promotional hires. Of the 24 files, two (8%) of the employees were hired before 2012, and did not have a record of a background check at time of hire, however, one has been completed since that time. Five (21%) did not have a record of a background check upon being hired. The remaining 17 (71%) had a record of a background check completed in accordance with the standard.

The agency utilizes the Prior Confinement PREA Background Check form (DOC 1956) in their 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. Of the 24 files the auditor reviewed, five of the new hires/ promotions had prior institutional employment. All five of the files had no record of any efforts to contact prior institutional employers.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17(d) The facility indicated in their response to the PAQ that agency policy requires a criminal background check be completed before enlisting the services of any contractor who may have contact with inmates. AR 421 states "The Department shall also perform a criminal background record check before enlisting the services of any contractor employee who may have contact with offenders." The NDOC form Security Regulations Acknowledgement (DOC 047) explains "Background checks will be completed before access to any Nevada Department of Corrections (NDOC) facility property. Access will not be granted until a background check is passed." Furthermore, these background checks will be renewed each year.

In the past 12 months, NNCC reported having 31 (1,802 contractors) contracts for services with contractors who may have contact with inmates. However, it should be noted that NDOC utilizes a centralized Human Resources, who clears contractors statewide, and these numbers are statewide totals. The auditor randomly selected 10 contractor personnel files. Background checks were conducted for all 10 contractors.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17(e) The facility indicated in their response to the PAQ that agency policy requires either a criminal background check be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. AR 421 states "The Department will conduct criminal background records checks at least every five years of current employees and contractors who may have contact with offenders."

The specialized interview with the Human Resources Staff affirmed that these background checks are conducted at least every five years, by the Investigator General's Office. The Background checks are conducted through NCIC and are documented on the PREA Employee Backgrounds spreadsheet. Additionally, an IR is created in NOTIS with comments related to the background check. Of the 24

	<p>employee personnel files reviewed 11 have been employed by NNCC for less than five years. Of the remaining 13 employees, nine (69%) employees have had background checks at least every five years and four (31%) have no record of any additional background checks since the initial check.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.17(g) The facility indicated in their response to the PAQ that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. AR 421 states “Any material omissions or false or misleading information shall be grounds for termination.”</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.17(h) The specialized interview with the Human Resources Staff affirmed the agency shall 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. This is supported by AR 421, which states “Unless prohibited by law, the department will provide information on substantiated allegations of sexual abuse and sexual harassment involving a former employee upon request from an institutional employer for whom such employee has applied to work.”</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>During a period of corrective action period, the agency demonstrated compliance with this standard by ensuring all applicants are asked about previous misconduct, as described in provision (f.) Additionally, the agency ensured background checks were completed for all new employees before hiring, and contacting all prior institutional employers as required.</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

2. AR 421 PREA Manual 1.5, Upgrades to Facilities and Technologies (effective date 2/8/24)

2. Interviews
 1. Agency Head
 2. Warden
 3. PCM
3. Site Review
4. Findings (by provision)

115.18(a) The facility indicated in their response to the PAQ that the facility has not acquired a new facility or made substantial expansion or modification to existing facilities since 8/20/2012, or since the last PREA audit, whichever is later. Upon discussion with the Warden and PCM, in addition to observations during the site review, it was discovered there have been substantial expansion to the Boiler Room (formally Steam Plant) at NNCC since their last PREA audit. The current PCM stated he was not in the position at the time of the modification, however, during the interview with the Warden he confirmed the PCM is involved in every CIP meeting, including the planning meetings for the Boiler Room modification. The Warden further affirmed that the facility considered the effect of every expansion or modification upon the facility's ability to protect offenders from sexual abuse, by visiting the area and considering camera angels in all stages of the project.

During the interview with the Agency Director, he explained the agency considers sexual safety in all decisions related to expansion and modification to facilities, and the agency is continually reviewing areas to see what they can do better. AR 421, 1.5 reiterates this provision.

During the onsite portion of the audit the auditor requested documentation of the minutes from the planning minuets, as of the date of the interim report, the auditor has not yet received these documents.

A final analysis of the evidence indicates the facility is substantial compliance with this provision.

115.18(b) The facility indicated in their response to the PAQ that the facility has 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. Upon discussion with the Warden and PCM, NNCC is currently undergoing a CIP to install additional cameras in the Prison Industry Areas and the Regional Medical Center Building. This CIP is scheduled to be completed in December 2024.

During the interview with the Warden, he confirmed the PCM is involved in every CIP meeting, including the planning meetings for the CIP Camera project. The Warden further affirmed that the facility considered using such technology to enhance inmate's protection from sexual abuse when installing and updating the monitoring technology by considering areas that have blind spots, limited staff, and bigger spaces to supervise.

	<p>During the interview with the Agency Director, he explained the agency uses monitoring technology to enhance the protection of inmate from incidents of sexual abuse by reviewing placement in blind spots and areas of safety concern as well as continually monitor incidents reports and allegations to determine if security has been compromised. AR 421, 1.5 reiterates this provision.</p> <p>During the onsite portion of the audit the auditor requested documentation of the minutes from the planning minuetts, as of the date of the interim report, the auditor has not yet received these documents.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 2.0 Responsive Planning Evidence Protocol and Forensic Medical Examinations (effective date 2/8/24) 3. Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the U.S. Department of Justice’s A National Protocol for Sexual Assault Medical Forensic Examinations Adults/ Adolescents (Dated 8/2013) 4. A National Protocol for Sexual Assault Medical Forensic Examinations Adults/ Adolescents (revised 4/2013) 5. State of Nevada DOC Memorandum, titled 115.21(c) - Evidence protocol and forensic medical examinations (dated 5/5/2021) 6. Medical Directive 117, Sexual Assault (effective date 11/2020) 7. PREA Manual 421 (effective 4/4/2016) 8. DOC 2502 Consent: Operation/ Procedure form (dated 7/12) 9. DOC 2523 Release of Liability for Refusal of Medical Treatment (revised 6/11) 10. DOC 1919 Advocacy Request Form (1919-1 English, 1919-2 Spanish) (dated 9/2022) 11. Signs of Hope Advocacy Posting (English and Spanish) 12. Contract for services between NDOC and Signs of Hope (Signed 5/31/ 2023)

13. State of Nevada DOC Memorandum, 115.21(c)(e) and 115.53 Victim Advocacy (a)(b) (dated 9/14/2022)

2. Interviews

1. Random Staff
2. SAFE
3. PCM
4. Inmates who reported Sexual Abuse

3. Findings (by provision)

115.21(a) The facility indicated in their response to the PAQ that the agency/facility is responsible for conducting administrative and criminal sexual abuse investigations. All allegations of sexual abuse are forwarded to the Office of the Inspector General's Office for investigation. AR 421 PREA Manual 2.0 states "The Office of the Inspector General (OIG), Criminal Investigators is responsible for investigating all allegations of sexual abuse. Criminal investigators and facility supervisors shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution." And AR 421, 421.11 reiterates this information. NDOC agency investigators use a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.

During the onsite audit phase, the audit team interviewed 16 random staff, each of whom expressed awareness of their first responder duties and articulated the agency's procedures for obtaining usable physical evidence. While many of 16 random staff did not know the specific investigators, they were aware the investigation would be conducted by a trained investigator, that work for OIG.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21(b) The facility indicated in their response to the PAQ that the facility does house youthful offenders, and that the evidence collection protocol and training curriculums, which were adapted from DOJ's Office of Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, is developmentally appropriate for youth. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21(c) The facility indicated in their response to the PAQ that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility; NNCC does not perform such examinations onsite. The facility additionally indicated these examinations are offered without financial cost to the victim. Examinations are conducted at an outside facility (ie. Renown Hospital in Reno or Washoe County Children's Advocacy Center) by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) who works for the Washoe County Children's Advocacy Center. Medical Directive 117 states "Sexual

Assault examination shall be performed by a Sexual Assault Forensic Examiner or sexual Assault Nurse Examiner without financial cost to the inmate.” The facility indicated in their response to the PAQ that two forensic medical exams have been conducted in the past 12 months, both of which were conducted by a SANE or SAFE. AR 421, 2.0 states “Allegations of sexual abuse reported within 96 hours shall offer the victim access to a forensic medical examination, performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse examiners (SANEs) where possible.”

During the pre-onsite phase, the audit team conducted an interview with the Washoe County Children’s Advocacy Center Supervisor who explained the Center does all of the forensic exams for all NDOC Northern facilities and is funded through the Washoe County District Attorney’s Office. She stated there are four SANEs that are on call 24/7, during normal business hours the exams are conducted at the local hospital ER, and after hours they are conducted at the center. The Supervisor further elaborated due to have four SANEs on call 24/7, there has never been an incident where there was no SANE available. The supervisor affirmed the facility’s response that two forensic exams have been conducted in the past 12 months.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21(d, e, h) The facility indicated in their response to the PAQ that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means; such efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization. DOC Memorandum “115.21 (d, e) Evidence protocol and forensic medical examinations”, dated 5/5/21, the PREA Coordinator provides the explanation that for victims who go for a forensic exam in northern Nevada the incident command supervisor will contact the Northern Nevada Victim Advocate from Sexual Assault Support Services. During the pre-onsite phase, the auditor attempted to reach contact Sexual Assault Support Services, and left voicemails, but did not receive a response. During the onsite phase of the audit the auditor asked the PREA Coordinator is there is a MOU or Contract with Sexual Assault Support Services, to which the PREA Coordinator confirmed there was. As of the date of the interim report, the auditor has not seen the contract.

During the interview with the PCM, he affirmed that an advocate from Sexual Assault Support Services would respond to the hospital if requested by the Offender. Additionally, as requested by the offender the advocate would be able to be present during investigatory interviews.

Interviews were conducted with four Offenders who reported Sexual Abuse, of which one was sent for a forensic exam. Of the remaining three, one stated that they reported three weeks after the sexual assault, and the other two stated they refused a forensic exam. The one offender who went for a forensic exam stated he was allowed to contact a victim advocate from Sexual Assault Support Services, and that person met him at hospital and was there during the exam. Additionally, upon return

	<p>to the facility he was able to communicate with them via phone.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.21(f) As stated NDOC/NNCC officials (OIG Investigators) are responsible for administrative and criminal investigations. as such this provision is not applicable.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.21 (g). Auditor is not required to audit this provision of the standard.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 2.0 Responsive Planning Evidence Protocol and Forensic Medical Examinations (effective date 2/8/24) 3. DOC 1924 Investigation Checklist (dated 7/2021) 4. 2024 Staff on Offender Investigation Tracking 5. 2024 Offender on Offender Investigation Tracking 6. 2023 Staff on Offender Investigation Tracking 7. 2023 Offender on Offender Investigation Tracking 2. Interviews <ol style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator 3. PCM 4. Investigative Staff 3. Findings (by provision) <p>115.22(a) The facility indicated in their response to the PAQ that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. AR 421, 2.0 states “All allegations of sexual abuse and sexual harassment will be referred to and investigated by the Office of the Inspector General Criminal Investigators. The Department will ensure administrative and/or criminal investigations are completed.” Upon interviews with the Agency Head, PREA Coordinator, PCM and Investigative Staff it was confirmed that agency staff who have</p>

	<p>the legal authority to conduct criminal investigations.</p> <p>Upon review of the 2023 and 2024 investigation logs for the past 12 month period, NNCC there have been a total of 34 allegations of sexual abuse and sexual harassment received, of those 16 were allegations of sexual abuse, 15 were allegations of sexual harassment, and 3 were investigated as both sexual abuse and sexual harassment. Of these allegations, one was substantiated, however, resulted in insufficient evidence of a criminal act. Subsequently, zero allegations were forwarded for criminal prosecution.</p> <p>The auditor reviewed the agency’s public website and easily located the aforementioned policy which describes investigative and referral practices.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.22(c) As stated NDOC/NNCC officials (OIG Investigators) are responsible for administrative and criminal investigations. as such this provision is not applicable.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.22(d) Auditor is not required to audit this provision of the standard.</p> <p>115.22(e) Auditor is not required to audit this provision of the standard.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 3.0 Employee Training (effective date 2/8/24) 3. DOC 1954 PREA Training Acknowledgement Form (dated 5/2022) 4. PREA AR 421 (effective date 8/30/22) 5. Revised Staff PREA Training (dated 11/2023) 6. PREA Training Tracker 2. Interviews <ol style="list-style-type: none"> 1. Random Staff 2. Transgender offenders

3. Findings (by provision)

115.31(a) The facility indicated in their response to the PAQ that the agency trains all employees who may have contact with inmates on the following topics: the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; right of inmates to be free from sexual abuse and sexual harassment; right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. PREA AR 421 reiterates the training requirement consistent with the provision, and states "the Department shall train all new employees on the Department's zero-tolerance policy for sexual abuse and sexual harassment. All employees shall receive training every two years. In years in which an employee does not receive such refresher training, the NDOC shall provide refresher information on current sexual abuse and sexual harassment policies."

The auditor reviewed the Staff PREA Training PowerPoint utilized for all new and existing staff who have contact with inmates. The training includes information on the agency's zero-tolerance policy for sexual abuse and sexual harassment and offenders' rights to be free from sexual abuse and sexual harassment. The training provides information on how employees can fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The training provides detail each of the sub-topics listed within this provision. The training includes information on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

During the onsite portion of the audit, through informal conversation with staff, the audit team observed that many staff continually misgendered transgender offenders. During conversation, they would be corrected and would continue to use the incorrect pronouns. During specialized interviews with transgender offenders, this was further evidenced by offender reports they are continually misgendered. When asked if they have told staff their correct pronouns, they reported they had, but at this point have stop trying.

Random and specialized staff who were interviewed reported they received training consistent with each of the ten elements listed above. Staff members were able to articulate training content; knowledge of the agency's zero tolerance for sexual abuse and sexual harassment policy; an understanding that all staff and inmates have a right to be free from retaliation for reporting sexual abuse and sexual harassment; familiarity with their reporting responsibilities. 21 of 24 (88%) randomly selected

training records indicated staff have been trained in the above provisions. No training records were provided for the three-remaining staff.

During a period of corrective action, the facility was able to provide documentation for all randomly selected staff indicating staff have been trained on the above provisions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.31(b) The facility indicated in their response to the PAQ that training is gender neutral and applicable to both male and female facilities. PREA Manual AR 421 states "The Department employee training is tailored to address all genders of offenders in a correctional facility; therefore, additional training is not required when a staff member transfers to a different gender facility." A review of the Agency's training affirms the training is tailored to address all genders of offenders in NNCC.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.31(c) The facility indicated in their response to the PAQ that, in between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. AR 421, PREA manual explains "At a minimum of every two years, all staff will receive full PREA training during even years as part of in-service training (IST). In odd years, all staff will receive information on the Department's current sexual abuse and sexual harassment policies." The refresher training is provided during in-class instruction or web-based computer training. Of the 24 training records requested, 21 training records were provided. The 21 training records provided indicate all 21 received PREA training in 2024. A review of the PREA Training Tracker 2024 indicates that 100% of staff received training in 2024 (either via new employee training or refresher training), however, it should be noted that one of the randomly requested staff were not on the list.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.31(d) The facility indicated in their response to the PAQ that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. AR 421 states the Employee Development Division "will maintain signed training acknowledgment forms, training certificates, and/or electronic training verification for all employees. The signature or electronic verification is an affirmative acknowledgment that each staff member understands the training received." Each employee signs the PREA Training Acknowledgement Form (DOC 1954), which states "I understand my rights and responsibilities as a mandated reporter, and the agency's "Zero Tolerance" policy toward all forms of sexual abuse and sexual harassment." This form is maintained by the facility training office. Of the 24 requested training records, the auditor received 14 completed PREA Training

	<p>Acknowledgement forms.</p> <p>During a period of corrective action, the facility was able to provide completed PREA Training Acknowledgment forms for all randomly selected staff indicating staff understood the training.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 3.1 Volunteer and Contractor Training (effective date 2/8/24) 3. DOC 1954 PREA Training Acknowledgement Form (dated 5/2022) 4. PREA AR 421 (effective date 8/30/22) 5. NDOC AR 212 Contracts (effective date 3/7/17) 6. NDOC AR 802 Community Volunteer Program 7. Volunteer and Educator Gatehouse List (dated 4/19/24) 8. Vendor Background Report 9. NDOC AR 126 Interagency Cooperation 2. Interviews <ol style="list-style-type: none"> 1. Volunteers who have contact with Offenders 2. Contractors who have contact with Offenders 3. Findings (by provision) <p>115.32(a) The facility indicated in their response to the PAQ that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. AR 421, 3.1 states “The Department shall ensure that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors who have contact with offenders will receive training on</p>

their responsibilities under the Department's zero-tolerance policy and procedure. The facility indicated in their response on the PAQ there are 2,328 volunteers and contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. However, it should be noted NDOC utilizes a centralized unit to process all backgrounds and training for all volunteer and contractors statewide, and this number reflects a statewide total.

Specialized interviews were conducted with four contractors, and three volunteers who have varying levels of contact with offenders. All seven of the contractors/volunteers indicated they received training when they 1st started working at the facility.

The auditor request 13 volunteer training records, and 10 contractor training records. Of the 23 records reviewed, all 23 records had proof of the required training.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.32(b, c) The facility indicated in their response to the PAQ that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates and the agency maintains documentation confirming that volunteers and contractors understand the training they have received. Further, all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. This provision is reiterated throughout multiple in AR 421, 3.1, and explains:

a. The Department will maintain all documentation confirming the training of the volunteers and contractors, which confirms their acknowledgment of understanding the training they have received.

b. All volunteers and contractors for the Department who have any amount of unsupervised contact with any offender will participate in the same and the full amount of the mandatory employee block of PREA instruction.

All Volunteers and Contractors complete and sign the Prison Rape Elimination Act Zero Tolerance Policy and Reporting Form (DOC 1953). The form provides information on the agency's zero tolerance policy for any form of sexual misconduct and sexual harassment. Additionally, the form states "If you hear of, observe, or receive a report of any of the above actions by staff towards inmates or inmates towards another inmate, you can report the information to any NDOC employee or using the options listed below." And provides contact information for the NDOC PREA Hotline, PREA email address, and NDOC PREA website. The form has a statement of acknowledgment and understanding and is then signed by the volunteer or contractor. For Volunteers and Contractors who have unsupervised contact with Volunteers and Contractors attend employee PREA training and sign the Prison Rape Elimination Act (PREA) Training Acknowledgement Form (DOC 1954), which also includes a statement of acknowledgement and understanding, and signed by the

	<p>volunteer or contractor.</p> <p>In addition to the 23 volunteer and contractor training records, all 23 records had proof of the required zero-tolerance training. A sample of files for volunteers and contractors who have unsupervised contract with offenders was uploaded to the PAQ, which confirmed they were provided training as defined in the NDOC AR 421. Specialized interviews were conducted with seven of the contractors and volunteers affirmed they were all notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment, as well as how to report such incidents.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 3.2 Offender Education (effective date 2/8/24) 3. NDOC Education Facilitator Guide (dated 7/13/23) 4. AR 511- Inmate Orientation Program (effective date 12/17/12) 5. NDOC memorandum, 115.33(b) - Offender Comprehensive Education (dated 8/17/23) 6. DOC 2096 - NDOC PREA Offender Education Acknowledgement form (English and Spanish) (dated 7/2023) 7. Don't Touch Me- Male with Disabilities 8. Spanish PREA Orientation handout (dated 7/13/23) 9. Large Font PREA Orientation handout (English and Spanish) (dated 8/23/23) 10. NDOC PREA Education and Information Sheet (English and Spanish) 11. PREA Intake Tracking 12. NDOC AR 658 Hearing Impaired Inmates (effective date 1/14/16) 13. PREA Adult Intake video (English and Spanish) 14. CTS Translation language list 15. Contract American Sign Language 2. Interviews <ol style="list-style-type: none"> 1. Intake Staff 2. Random Offenders

3. Offenders with disabilities
4. Offenders who are limited English proficient
3. Site Review
 1. Sexual Abuse and Sexual Harassment Reporting Posters
 2. AIC Orientation (Intake)
4. Findings (by provision)

115.33 (a, b) The facility indicated in their response to the PAQ that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. In the past 12 months, the facility indicated that 99.4% of newly admitted offenders were given this information at intake. Additionally, the facility indicated in their response to the PAQ that in the past 12 months 94 % of inmates received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days. AR 421 states "Each institution and facility will develop and implement a policy and practice that upon intake of any new offender to the facility, that offender will receive information about the Department's zero-tolerance policy and how to report a suspicion or an incident of sexual abuse or sexual harassment." And further requires "All institutions and facilities will develop and implement a process wherein every offender will receive a block of comprehensive education within 30 days of intake or reception to the institution or facility." Both the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment and the comprehensive education are given to Offenders at time of intake to the facility, before the Offender is released to their housing. The NDOC Memorandum "115.33(b) - Offender Comprehensive Education." Explains Offenders are provided written PREA education and orientation handouts, and all offenders will view the Impact Justice/ Just Detention Offender Education PREA Video.

A review of the facility's orientation booklet, which is provided to all offenders upon admission to the facility, contains the agency's zero tolerance policy and reporting options. The handbook provides information on the federal law, inmates' rights to be free from sexual abuse and sexual harassment in confinement, retaliation, and cross-gender announcing. Additionally, all Offenders are provided an Offender Identification card, which has their photo and identifying information on the front, and on the back has PREA reporting hotline phone number, and the Signs of Hope - Rape Crisis Center (i.e. advocacy) phone number. The information indicates these calls are at no cost, and not recorded.

During the onsite audit phase, the auditor observed the education process in intake, including the including the broadcast of a PREA education video (i.e. National PREA Resource Center/ Just Detention International "Let's Talk about the PREA Standards video), which is shown with English subtitles immediately upon their arrival to NNCC. The video is also shown in Spanish with Spanish subtitles as required. Posted information is displayed throughout R&R. Intake staff distribute the Orientation Booklet, and answer questions, and then the Offenders are interviewed by an intake Case Worker on a one-on-one basis. During the interview the Case Worker provides

the offender with the NDOC PREA Offender Education Acknowledgment form, which the offender reads, signs, returns to the case worker for retention.

During the onsite phase of the audit, the audit team interviewed 48 offenders. Of the 48 offenders interviewed, one arrived at NNCC prior to 2012 but recalled receiving the PREA education since his arrival. One Offender did not recall receiving information. The remaining 46 recalled receiving comprehensive (PREA video in intake).

The auditor conducted an interview with an intake staff member who explained, they provide offenders with information about the zero-tolerance policy and how to report incidents suspicions of sexual abuse or sexual harassment, and they ensure this by providing all new intake with the PREA Orientation Booklet, the reporting information on the back of their Identification card, and the postings in intake and throughout the facility.

The auditor randomly selected 39 inmate records to review for evidence of education acknowledgment while onsite. Of the 39 records, 37 acknowledgments were present; they were dated the same date of the inmate's respective admission. Of the remaining randomly selected inmate records, seven records, one offender received prior to 2012, and one records was void of education acknowledgments.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.33 (c) The facility indicated in the PAQ that all Offenders have received education. Agency policy requires that all offenders transferring from one facility to another are provided information about Department's zero-tolerance policy and how to report a suspicion or an incident of sexual abuse or sexual harassment and will receive a block of comprehensive education within 30 days of intake to a facility.

As stated above, the auditor randomly selected 39 inmate records to review for evidence of education acknowledgment while onsite. Of the 39 records, 37 acknowledgments were present; they were dated the same date of the inmate's respective admission. Of the remaining randomly selected inmate records, seven records, one offender received prior to 2012, and one records was void of education acknowledgments.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.33(d) The facility indicated in the PAQ that PREA education is available in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, and/or limited in their reading skills. AR 421 requires education is provided to all offenders including those who are limited English proficient, vision impaired, otherwise disables, or have limited reading skills.

During intake, the NDOC Offender Orientation Booklet is provided to all Offenders, which includes PREA information. The Orientation Booklet is primarily in English,

however, the PREA information is also written in Spanish. During the interview with the intake staff, they affirmed that if they are notified the offender only speaks Spanish, they will play the video in Spanish after it is played in English. During the onsite audit phase, the audit team conducted four interviews with offenders who are limited English Proficient. Of the four offenders interviewed, two stated they are able to understand English, and understood the information provided to them. The other two offenders stated they were not provided education in Spanish, and other offenders in their housing area assisted them in understanding the information. A review of the acknowledgments signed by these offenders indicated that the acknowledgment was provided in English.

During the interview with intake staff, they affirmed the PREA video does have subtitles, and in ASL. For Offenders who do not require ASL, the intake staff will ensure the hearing-impaired offender is sat close to the TV, so they can read the subtitles. If the ASL version is needed, they will play the ASL version after is played in English. During the onsite phase of the audit there were no offenders who were heard of hearing or deaf.

The facility indicated on the PAQ that they do have written material available in larger print. Additionally, on the PAQ the facility indicated they provide educational material to those with other disabilities, and limited reading abilities utilizing the graphic novel "Don't Touch Me" created by the National PREA Resource Center and An End to Silence. However, upon review of the intake process, it was determined there were no copies of the information in either format.

During a period of corrective action, the facility was able to provide evidence that educational materials were placed into the intake area in English, Spanish, and for those with limited reading skills.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.33(e) The facility indicated in their response to the PAQ that the agency maintains documentation of inmate participation in PREA education. AR 421 states "Confirmation of all offenders participating in PREA offender education will be documented within the Nevada Offender Information Tracking System (NOTIS) case note each time the initial intake information or comprehensive education is provided to each offender." During the onsite phase of the audit, the auditor observed this is accomplished by the offender signing the DOC 2096, NDOC PREA Offender Education Acknowledgement form, which is scanned into NOTIS. The DOC 2096 form has two boxes that should be checked to indicate if the Offender received the information regarding the Zero-Tolerance policy, or the comprehensive PREA education.

The auditor randomly selected 39 inmate records to review for evidence of education acknowledgment while onsite. Of the 39 records, 37 acknowledgments were present; of the 37 records reviewed 29 did not have any boxes checked indicating the type of education provided.

A final analysis of the evidence indicates the facility is in substantial compliance with

	<p>this provision.</p> <p>115.33(f) The facility indicated in their response to the PAQ that the agency ensures key information about the agency’s PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. The auditor observed and reviewed that PREA information at NNCC is made available to inmates in several ways:</p> <ul style="list-style-type: none"> • NDOC PREA posters. English and Spanish versions restating the agency’s zero tolerance position and describing internal and external reporting options. • Signs of Hope Posters. English and Spanish versions, restating the Advocacy and Emotional Support Services available, providing toll free phone number and mailing address. • Upon picking up the phone to make any phone call, the caller is advised of the Inspector General Reporting Hotline phone number • Backside of offender identification cards lists PREA Reporting Hotline and Signs of Hope phone numbers. <p>The auditor had an opportunity to view all of the above resources and activities during the onsite audit phase and had multiple discussions with both staff and inmates in regard to these resources. Inmates were readily able to articulate how they could locate or reference a means to report incidents of sexual abuse or harassment.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p> <p>Recommendation: 115.33(e) Provide Training to Intake staff to ensure boxes are checked indicating the type of education provided.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>1. Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 3.0 Employee Training 3. NDOC PREA AR 421 4. NIC Advanced Specialized Training Overview

5. NIC Investigator Specialized Training Overview
6. NDOC Memorandum - 115.34 Investigations Specialized Training (dated 7/23/21)
7. IG PREA Training Tracking Report- IG Investigators
8. IG Staff PREA: Investigation Sexual Abuse in a Confinement Setting Training Certificates
9. NNCC Staff PREA: Investigation Sexual Abuse in a Confinement Setting Training Certificates
10. NDOC Memorandum - 115.34 Specialized Training: Investigations (dated 3/19/19)

2. Interviews

1. Investigative Staff

3. Findings (by provision)

115.34(a) The facility indicated in their response to the PAQ that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. AR 421 states “In addition to required staff PREA training, all Office of the Inspector General, Criminal Investigators, and facility custody supervisors will complete specialized investigator training in conducting sexual abuse investigations in a confinement setting.” Facility based Investigators and Office of the Inspector General Investigators complete the online National Institute of Corrections (NIC) PREA: Investigative Sexual Abuse in a Confinement Setting training. NDOC IG has 18 staff who have completed the training and conduct PREA Investigations. NNCC has 15 staff who have completed the training and conduct PREA Investigations. Interviews with investigative staff affirmed they completed the NIC training online.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.34(b) By way of curriculum review (i.e. instructor text and participant materials), the auditor confirmed the comprehensive training utilized to train staff to investigate allegations of sexual abuse contain the elements required by this provision, which include: interviewing sexual abuse victims; proper use of Miranda warnings; the Garrity rule; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The approved curriculum is a three-hour online-based course for PREA Investigations who work at the facilities and for IG.

The audit team spoke to facility and IG investigators. They described specialized training they received in advance of conducting sexual abuse and sexual harassment investigations; topics included policy, first responder procedure, trauma/victimization, confidentiality, SANE, communication, crime scene preservation, interviewing techniques, mental health referrals, documentation, Miranda, prosecutorial referral, and advocacy.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

	<p>115.34(c) The facility indicated in their response to the PAQ that the agency maintains documentation showing that investigators have completed the required training. Specifically, 15 NNCC staff members and 18 IG staff members are trained to conduct sexual abuse investigations. Training completion is documented via certificates of completion, which are maintained by the respective training offices. The auditor was provided with copies of the certificates of completion.</p> <p>115.34(d) The auditor is not required to audit this provision of the standard.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 3.0 Employee Training 3. NDOC PREA AR 421 4. NIC Specialized PREA medical-mental health training overview 5. NDOC Memorandum - 115.35 Medical and Mental Health Specialized Training (dated 7/23/21) 6. NDOC Memorandum - 115.35(b) (dated 10/25/17) 7. Medical and Mental Health Staff NIC training certificate 2. Interviews <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 3. Findings (by provision) <p>115.35(a) The facility indicated in their response to the PAQ that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Specifically. At the time the PAQ was completed the facility indicated that 100% of staff received training required by the provision.</p> <p>Specialized training for medical and mental health staff is required in AR 421, which states "All full-time and part-time medical and mental health care practitioners, including contract medical practitioners, will complete this training as soon as they have received computer access and again every three years. The Department and/or institution and facility PREA compliance manager will maintain the signed training</p>

acknowledgment forms, training certificates, and/or electronic training verification.

The auditor reviewed the training content and found the elements required for specialized training were present. During the post-onsite phase, the auditor received training certificates for staff who completed the NIC training. Of the 82 Medical and Mental Health Staff identified on the Medical PREA Training Tracker, the auditor received certificates for 50 staff (60% complete).

Interviews with both medical and mental health staff and contractors indicated that they were able to articulate their knowledge and responsibilities of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Staff indicated that they have received both online and classroom instruction on their responsibilities.

During a period of corrective action, the facility provided training certificates for all random selected medical staff for completion the NIC medical training.

A final analysis of the evidence indicates the facility is not in substantial compliance with this provision.

115.35(b) The facility indicated in their response to the PAQ that agency medical staff at the facility do not conduct forensic medical examinations. Rather, all forensic medical examinations are conducted at local medical hospital. Please see discussion of 115.21 for a complete analysis of the provision of SANE services.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.35(c) The facility indicated in their response to the PAQ that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. During the pre-onsite audit phase, NNCC reported that 100% of medical and mental health care providers (employees and contractors) that provide services to inmates received agency training of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. During the post audit phase, the auditor received records of 50 ff the 82 Medical and Mental Health Staff training records (60% complete).

During a period of corrective action, the facility provided training certificates for all random selected medical staff for completion the NIC medical training.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.35(d) During the post audit phase, the auditor cross-referenced a random sample of specialized medical and mental health care practitioner training records with the

	<p>respective employees' (or contractors') introductory and refresher training record, as required per 115.31. Of the eight medical and mental health records reviewed, six (75%) training records indicated staff have been trained as required by 115.31. No training records were provided for the two-remaining staff.</p> <p>During a period of corrective action, the facility was able to provide completed PREA Training Acknowledgment forms for all randomly selected staff indicating staff understood the training.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 4.0 Risk Screening Assessments (effective date 2/8/24) 3. NDOC AR 573 Prison Rape Elimination Act Screening and Classification (effective date 3/1/18) 4. Assessment Flow Chart 5. PREA Intake Tracking 6. NNCC Bed Move Report 7. Screening files for randomly selected offenders 2. Interviews <ol style="list-style-type: none"> 1. Staff responsible for Risk Screening 2. Offender Interviews 3. PREA Compliance Manger 4. PREA Coordinator 3. Site Review <ol style="list-style-type: none"> 1. Intake process 4. Findings (by provision) <p>115.41(a) The facility indicated in their responses to the PAQ that the agency has a policy that requires screening (upon admission to a facility or transfer to another</p>

facility) for risk of sexual abuse victimization or sexual abusiveness towards other inmates. PREA Manual AR 421 states "All offenders shall be assessed during intake and again upon transfer between facilities for their risk of being sexually abused by or abusive toward other offenders." And requires the screening take place within 72 hours, and again within 21 days from the offender's arrival at each facility. NDOC AR 573 further describes the screening process, including documentation, the specific PREA designations, housing assignments, and rescreening.

During the onsite phase of the audit, the auditor reviewed the intake process. The auditor observed the spaced where risk screenings are conducted; they are held individually in a private office and completed on the computer. The offender is escorted into the office, where the door is closed, and the screener utilizes the Assessment Questionnaire in NOTIS. During the specialized interview with staff who perform risk screenings, and they explained the screen every offender who enters the facility, including offenders who are returning from court.

Of 48 offender interviews, 41 remembered being asked the applicable screening questions. Four offenders arrived at NNCC prior to 2012. The auditor randomly selected 39 inmate records, screening files were provided for all 39 offenders, including the 3 offenders who did not recall being asked the screening questions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41(b) The facility indicated in their responses to the PAQ that the agency has a policy that requires inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake. The facility reported on the PAQ, 231 offenders entered the facility and remained 72 hours or more in the past 12 months. Of these inmates, the facility stated 2224 (926.8%) were screened for risk within 72 hours of admission. During the onsite phase of the audit, this was determined to be an error. The facility clarified in the past 12 months 2,231 entered the facility and remained 72 hours offenders. Of these 2,168 (97%) were screened within 72 hours of admission. During the specialized interview with staff who perform risk screenings, they reported that offenders are screened right away as soon as they arrive at the facility.

This process was further affirmed through review of 39 intake records. Of the 39 records reviewed, 33 of the screenings were completed within 72 hours of arrival. Four of the offenders arrived at NNCC prior to 2012, and were screened at a later date, and two offenders arrived after 2020 however the screenings were completed beyond 72 hours. Of the 48 offender interviews, 41 offenders remembered being asked the questions either the day of arrival, or the day after the arrival at the facility. Four of the offenders arrived at NNCC prior to 2012. Of the remaining three, one offender was interviewed within 72 hours, one offender was interviewed within 72 hours, however the offender was a non-English speaker and was interviewed in English without a translator. The final offender was not interviewed within 72 hours.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41(c) The facility indicated in their response to the PAQ that risk assessments are conducted using an objective screening instrument. A review of the PREA Screening reveals 15 questions or screening measures. Four of the 15 questions depend upon the inmate's self-assessment and response (i.e. "Former victim of correctional rape/sex assault (adult or juvenile)?" ; "Lesbian/ Gay/ Bisexual/ Gender Non-Conforming?" , "Previously experienced sexual victimization (not amounting to correctional rape or sexual assault)?" , "Presents as vulnerable or claims vulnerability?"). The remaining questions require a review of the respective inmate's record. None of the questions appear to elicit the screener's subjective assessment or response.

The evidence indicates that the PREA Screening is standardized, consistently administered to all inmates, structured using a weighting and scoring mechanism, and culminates in an overall determination of sexual risk. Eleven of the 15 questions are objective, meaning they are worded in a way which does not allow the person responsible for risk screening to impart their feelings or opinions. Four of the 15 questions as described above are appropriately subjective and are compliant with the variables required per 115.41(d).

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41(d) The agency's PREA Screening tool is comprised of 15 questions; all of which meet the prescribed criteria for this provision. Specifically, the PREA Screening includes the questions, "Former victim of correctional rape/sex assault (adult or juvenile)?" ; "Whether the inmate has a mental, physical or developmental disability?" ; "Age of Inmate; Factor for potential victimization?" ; "Physical build is relevant?" ; "First incarceration or prior incarceration(s) less than 6 months?" ; "Inmate's criminal history is exclusively non-violent?" ; "Prior convictions for sex offenses against an adult or child?" ; "Lesbian / Gay / Bisexual / Gender Non-Conforming (admitted or perceived) Transgender / Intersex (admitted or perceived)?" ; "Previously experienced sexual victimization (not amounting to correctional rape or sexual assault)?" ; "Presents as vulnerable or claims vulnerability?" ; "Prior acts of institutional sexual abuse?" ; "Prior acts of sexual abuse (other than in an institutional setting)?" ; "Prior convictions for violent offenses?" ; "History of prior institutional violence (not G6-fighting)?" . The PREA Assessment Questionnaire does not include extraneous or additional questions that do not serve to assess nine of the 10 prescribed risk-related criteria required by this provision. The facility does not assess for the final consideration (i.e. 115.41(d)(10)), "Whether the inmate is detained solely for civil immigration purposes" as the agency does not confine inmates for this reason exclusively.

During the specialized interview with staff who perform risk screenings, they affirmed they utilize the PREA Assessment Questionnaire, which considered the nine risk-related criteria, and that the form auto-weighs the determination based on the offenders' responses and file review.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41(e) The PREA Screening includes an assessment of the criteria required by this provision and described in the discussion of 115.41(d). Each of these questions attempts to elicit information about an inmate's prior history of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. Responses are recorded as part of the screening and used to determine each inmate's risk of being sexually abusive. The facility risk screener indicated that such considerations are made as he was able to recite these specific questions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41(f) The facility indicated in their responses to the PAQ that the agency has a policy that requires the facility to reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. AR 421 requires the offender be reassessed "within a set time period, not to exceed 21 days from the offender's arrival at the facility." This requirement is further affirmed by NDOC AR 573.

In the past 12 months, 1,625 offenders have reportedly entered the facility and remained there for 30 days or more. Of these offenders, the facility stated 1,516 (93%) were rescreened for risk within 30 days of admission. The auditor randomly selected 39 inmate records, screening files were provided for all 39 offenders, 33 offenders were reassessed within 30 days of arrival. Of the remaining six offenders, four offenders arrived prior to 2012, two offenders (five percent) were not reassessed within 30 days.

Of the 48 offender interviews, 31 offenders remembered being reassessed within 30 days of arrival at the facility. Four of the offenders arrived at NNCC prior to 2012. One offender had been at NNCC for less than 14 days. Upon review of the screening files, two of the 12 were not reassessed within 30 days.

During the specialized interview with staff who perform risk screenings, they explained they reassess offenders within 21 days of arrival to the facility. All offenders are reassessed utilizing the PREA Assessment Questionnaire.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41(g) The facility indicated in their response to the PAQ that the agency has a policy requiring an inmate's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. PREA Manual AR 421 states "All offenders will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that could impact the offender's risk of being sexually victimized or sexually abusive."

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

	<p>115.41(h) The facility indicated in their response to the PAQ that the agency has a policy which prohibits disciplining offenders for refusing to answer, or not disclosing complete information in response to questions as prescribed by the provision. PREA Manual AR 421 affirms prohibition.</p> <p>During the specialized interview with staff who perform risk screenings, they affirmed offenders are not disciplined for not answering the noted questions.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.41(i) Specialized interviews with the PCM and PREA Coordinator affirmed that the agency has implement 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. The PREA Coordinator and PCM both explained provisions are granted by classification. Generally, classification staff, Lieutenant and above, and Inspector General Office Staff can work within the forms. The Caseworker affirmed that caseworkers have access, and custody staff do not have access.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 4.1 Use of Risk Screening Information (effective date 2/8/24) 3. Assessment Flow Chart 4. DOC 1918 Transgender or Intersex Offender Questionnaire (dated 3/2023) 5. NDOC AR 573 Prison Rape Elimination Act Screening and Classification (effective date 3/1/18) 6. NNCC Bed Move report 2. Interviews <ol style="list-style-type: none"> 1. Offenders who identify as transgender

2. Staff Responsible for risk screenings
3. PREA Coordinator
4. PCM
3. Site Review
4. Findings (by provision)

115.42(a, b) The facility indicated in their response to the PAQ that the agency uses the information from the risk screening as required by standard 115.41 to inform 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. AR 421 states “The department, institutions, and facilities shall use the information from the risk screening assessment to inform and determine the best placement for each offender in housing, bed, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those offenders at high risk of being sexually abusive.” And “The Department, institutions, and facilities shall make individualized determinations about how to ensure the safety of each offender.”

Once the offender is identified as either known victim, potential victim, known aggressor, or potential aggressor the offender is automatically added to the NNCC bed move report. This report is reviewed by caseworkers when assigned housing for offenders within in the facility. The PCM confirmed these alerts are reviewed to avoid placing known or potential victims, with known or potential aggressors. Additionally, they alerts are reviewed when assigning work, education, and program assignments. The risk screener further affirmed these alerts to ensure offenders are housed safely and placed in work or school. During informal conversation with the PCM it was further discussed that he reviews work assignments, and if he identifies victims and abusers are placed in the same work, education or program assignments, he will alert the facilitator to ensure additional attention is paid to ensure the two are not in areas where abuse is more likely to occur together.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42(c) The facility indicated in their response to the PAQ that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems. PREA Manual 421 states “In deciding whether to assign a transgender or intersex offender to an institution or facility for male or female offenders and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender’s health and safety and whether the placement would present management or security problems.”

Interviews with five offenders who identify as transgender four affirmed they have

been asked questions about their safety, specifically related to housing. One offender stated they are non-English speaking, and the questions were not asked in a way they understood them. All five of the transgender offenders affirmed they have never been placed in a housing area that was only for transgender or intersex offenders.

During the specialized interview with the PCM he stated that all transgender offenders are met with during classification committee, where they can voice any concerns related to their safety.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42(d, e) PREA Manual AR 421 requires all transgender and intersex offenders shall be reassessed at least twice a year, or as needed. The reassessment will include a review of threats to safety that may have experienced and states "The view of transgender or intersex offenders toward their safety will be given serious consideration. Institutions and facilities will utilize DOC 1918 when conducting risk screening assessments for all Transgender and Intersex offenders." The PCM and Risk Screener both affirmed that transgender offenders are reassessed at least twice a year to review any threats to safety experienced by the offender. The DOC 1918, Transgender or Intersex Offender Questionnaire asks:

1. Do you feel safe showering?
2. Do you feel safe in the unit?
3. Do you feel safe at this institution?
4. Do you know how to report sexual abuse or sexual harassment at this facility?
5. Do you have any other concerns related to your safety?

The auditor requested copies of the last three transgender intersex questionnaires for five identified transgender offenders, all three transgender offenders were reviewed at least twice a year.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42(f) A review of the facility's physical plant and showering accommodations confirmed a discussion with the facility's PCM who stated that transgender inmates have an opportunity to shower separately and privately by space. Modesty curtains or barriers are in place or available in all showering areas. Inmates who identify as transgender affirmed that they are afforded showering opportunities without being viewed by others. For areas that are not single stall showers, transgender offenders are able to request a "shower plan" which allows them to shower separately from other offenders.

Specialized interviews with the PCM and risk screener both affirmed that transgender offenders are able to shower in individual stalls, with curtains or request a shower

	<p>plan. Interviews with five transgender offenders additionally affirmed they are able to shower separately from other offenders.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.42(g) The agency’s PREA Coordinator and PCM affirmed that the agency is not subject to a consent decree, legal settlement, or legal judgment requiring lesbian, gay, bisexual, transgender, or intersex inmates be placed in dedicated facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. She stated that offenders who identify as such they are spread throughout the agency in accordance with their security and programming needs. Offenders who identify as lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. The PREA Coordinator further explained the agency makes individual determinations, case-by-case, based on the safety and security of the offender and the institution.</p> <p>Interviews with two offenders who identify as gay or bisexual affirmed, they have never been placed in a housing area that was only for gay or bisexual offenders.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 4.2 Protective Custody/ Segregation (effective date 2/8/24) 2. Interviews <ol style="list-style-type: none"> 1. Warden 2. Staff who supervise segregated housing 3. Site Review 4. Findings (by provision) <p>115.43(a) The facility indicated in their response to the PAQ that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has</p>

been made and a determination has been made that there is no available alternative means of separation from likely abusers. Of those inmates identified as being at risk of sexual victimization, zero were held in involuntarily segregated housing in the past 12 months for 24 hours or less awaiting an assessment.

PREA Manual AR 421 states:

All institutions and facilities in conjunction with this manual and AR 509 Protective Segregation will develop, implement, and periodically review policies to strictly prohibit any offender who is or was at high risk for sexual victimization from being placed into involuntary segregated housing unless:

- a. An assessment has been completed and a determination made and documented that there are no available alternative means for housing the offender who is or was or is at high risk for sexual victimization from an abuser.
- b. All placements of offenders into involuntary segregation for being a victim or a risk of victimization will be documented in NOTIS and shall clearly demonstrate the basis for the reason why no alternative was available.

The institution or facility may place the offender in involuntary segregated housing for less than 24 hours while completing the assessment.

During the interview with the Warden, he affirmed that they do not punish the victim, and if they need to move the victim, they place them in the least restrictive housing possible. If a victim was to be placed in segregated housing, it would only until other means of separation can be arranged.

The facility indicated in their response to the PAQ that zero offenders have been placed in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.43(b) According to AR 573 states "Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document," and goes on to list the items prescribed in this provision.

The facility did not have any completed forms to review as no inmates at high risk of victimization have been placed in a segregated status in the last 12 months. Discussion with a staff member who supervised inmates in segregated housing revealed that inmates on an NDS status maintain education, property, yard time, access to providers, pay status, and programming to the extent possible.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.43(c) The facility indicated in their response to the PAQ that of those inmates identified as being at risk of sexual victimization, zero were involuntarily segregated for longer than 30 days while awaiting alternative placement. Zero inmates have been involuntarily segregated for any period of time. as stated in AR 573 "The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days."

Discussions with the facility's Warden and staff who supervise inmates in a segregated status affirmed this practice.

115.43(d) As stated above, the facility has not identified a need to separate inmates at high risk of sexual victimization by placing them in involuntary segregated housing in the last 12 months. As such, the facility indicated in their response to the PAQ that there have been no cases in which to record a statement of the basis for the facility's concern for the inmate's safety and the reason(s) why alternative means of separation could not be arranged. AR 573 explains, "If an involuntary segregated housing assignment is made, the facility shall clearly document: A. The basis for the facility's concern for the inmate's safety; and B. The reason why no alternative means of separation can be arranged."

As stated, the Warden, PCM, and staff who supervise inmates in segregated housing report that zero inmates were placed in involuntary segregated status during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. As such there are no applicable records to review or inmates to interview.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.43(e) The facility indicated in their response to the PAQ that no inmates were held in involuntary segregated housing pursuant to this standard. The facility further responded that if an involuntary segregated housing assignment was made, the facility would review the inmate's separation every 30 days to determine if a continuing need exists.

AR 573 indicates the facility shall afford each such offender "a review to determine whether there is a continuing need for separation from the general population."

The Warden, PCM, and staff who supervise inmates in segregated housing report that zero inmates were placed in involuntary segregated status or administrative confinement during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. As such there are no applicable records to review or inmates to interview.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

	A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.
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115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 5.0 Offender Reporting (effective date 2/8/24) 3. NDOC PREA reporting posters (English and Spanish) 4. NDOC PREA AR 421 (effective date 8/30/2022) 5. DOC 2100, New Mexico- Public Entity PREA Report Form (dated 7/23) 6. Intergovernmental Agreement for PREA Reporting, between NDOC and New Mexico Department of Corrections (Dated 5/1/19) 7. NDOC AR 332 Employee Reporting Responsibilities (dated 9/16/14) 8. Staff PREA Training (dated 11/6/23) 9. DOC 1954 NDOC PREA Employee Training Acknowledgement (dated 1/2021) 10. NDOC Offender Orientation Booklet 2. Interviews <ol style="list-style-type: none"> 1. Random Staff 2. Offenders 3. PCM 4. Mail room staff 3. Site Review 4. Posted information 5. Findings (by provision) <p>115.51(a) The facility indicated in their response to the PAQ that the agency has established multiple internal methods for inmates to privately report sexual abuse; 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. PREA Manual, AR 421 affirms this, and explain ways to report to include Verbally report to any staff member, contractor, or volunteer; A written report submitted via any staff member, contractor, or volunteer; Filing a grievance, or Calling the PREA hotline.</p> <p>The NDOC Offender Orientation Manual is distributed to all offenders upon arrival to NNCC and includes several resources for offenders to report to. The booklet includes direction that sexual abuse or sexual harassment can be reported verbally or in writing, or anonymously. The booklet goes on to explain if the offender wants to report outside the facility, reports can be made to the New Mexico Department of</p>

Corrections (DOC), Just Detention International (JDI) or the Office of the Inspector General. The booklet goes on to provide the address, phone number, email and website for the IG PREA Management office, the address of the New Mexico DOC Office of the Inspector General- PREA report, and JDI.

During the site review, posted information was observed throughout the facility. The posters include information about how offenders may report and provides the toll-free hotline for the Office of the Inspector General, and the address to report to the New Mexico DOC. The auditor tested the PREA reporting hotline, which does not require a PIN to proceed, and the report was forwarded to the facility.

Offenders are able to submit reports in writing via the grievance office. The offender can submit the grievance into the grievance box in each unit. The grievances are then picked up by the grievance coordinator, or a case worker, each business day.

During interviews with 48 offenders, all could provide at least two ways to report sexual abuse or sexual harassment. Many referenced that the phone tells you the phone number to report every time they pick up the offender phone. Additionally, many offenders indicated they would tell a staff member. Of the 16 random staff members interviewed all were able to provide at least two ways offenders and staff could report sexual abuse and sexual harassment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.51(b) The facility indicated in their response to the PAQ that the agency provides at least one way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. PREA manual AR 421 states "Offenders can write directly to the New Mexico Department of Corrections or request the outside agency reporting form DOC 2100 from" and goes on to list who the form can be requested from. The AR explains correspondence to the New Mexico Department of Corrections will not be charged postage, and the mail will be treated as confidential.

The agency does not house inmates solely for immigration purposes and, as such, does not have a policy or provide inmates detained solely for civil immigration purposes information on how to contact consular or Department of Homeland Security officials.

As stated above, the orientation handbook, and PREA posters provide the address for the New Mexico DOC. The posters explain, offenders may request the DOC 2100 or write a letter directly to New Mexico DOC.

Interviews with mailroom staff affirmed indigent inmates may receive paper and postage paid envelopes free of charge. Privileged correspondence, including mail addressed to the IG and New Mexico DOC, is marked "confidential." Confidential mail is sealed in the housing unit, and dropped into the mailbag. Once in the mailroom,

the mail is not read, and is sent out to the appropriate party. In practice, mailroom will process mail addressed to IG or New Mexico DOC accordingly even if it is not marked "confidential."

An interview with the PCM confirmed that an inmate may report externally letter to the New Mexico DOC, and these reports are forwarded to the NDOC as soon as they are received by them.

There was variation in understanding anonymous reporting options. Nearly half of inmates (24 of 53) stated they were unsure of the ability or option to report anonymously; none were able to recite to whom or the process for remaining anonymous. They overwhelmingly stated they would consult written materials (i.e. posters, handbooks) to learn of their options or could not elaborate on a method when prompted. Several indicated that disclosing one's name is valuable to the investigation process.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.51(c) The facility indicated in their response to the PAQ that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Moreover, staff are required to document verbal reports. NDOC AR PREA AR 421.06 explains various ways to report, including anonymously, from third parties and verbal reports to staff. NDOC AR 332 provides further direction to staff as it relates to their reporting duties.

During interviews with 48 offenders, the majority of the offenders interviewed were aware they could report verbally to any staff member, and in writing. Additionally, many Offenders were aware allegations could be made via a third-party and anonymously. Of the 16 random staff members interviewed all were aware offenders could report verbally, in writing, anonymously or via a third party.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.51(d) The facility indicated in their response to the PAQ that the agency has established procedures for staff to privately report sexual abuse and sexual harassment inmates. PREA Manual, AR 421 explains staff have multiple ways they can privately report sexual abuse and sexual harassment, including but not limited to:

- a. Department Executive Staff
- b. Office of the Inspector General
- c. Facility Warden
- d. Attorney General
- e. PREA Hotline

	<p>f. Department public website: PREA Incident Report Form</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>During interviews with 16 random staff, all staff were able to provide at least one way they could privately report Sexual Abuse or Sexual Harassment of Offenders.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 5.1 Grievances (effective date 2/8/24) 3. NDOC PREA Reporting posters (English and Spanish) (dated 9/2023) 4. Examples of PREA Grievances 2. Interviews 3. Site Review 4. Findings (by provision) <p>115.52(a) The facility indicated in their response to the PAQ that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. PREA Manual AR 421 states “The offender grievance process is a means that offenders can utilize to make a report of sexual abuse or sexual harassment by a staff member or another offender. Facilities will follow this manual and Administrative Regulation 740 - Offender Grievance Procedure.” Allegations can be documented on a grievance form and dropped into the locked grievance box in the housing unit. The grievance coordinator and caseworkers have the key to the boxes and collect and process the grievance each business day. The grievance coordinator processes the grievances and will forward any PREA related grievance to the PCM.</p> <p>115.52(b) The facility indicated in their response to the PAQ that the agency has a policy or procedure allowing an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident allegedly occurred. The facility also reported that agency policy does not require an inmate to use an informal grievance process, or otherwise attempt to resolve with staff, following an incident of</p>

sexual abuse. PREA Manual AR 421 states “Any grievance that has an allegation or report related to sexual abuse must be accepted without constraints, including: a. Grievances that are outside the accepted time frames for a filed grievance shall be accepted for any portion of the grievance that has a claim of sexual abuse.” During the interview with the Grievance Coordinator, they confirmed there is no time constraints on a when an offender can submit a PREA Allegation via a grievance. Additionally, the grievance coordinator affirmed the offender does not need to utilize any form of informal grievance processes, or to otherwise resolve with staff, an alleged incident of sexual abuse.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52(c) The facility indicated in their response to the PAQ that the agency’s policy allows an inmate to submit a grievance alleging sexual abuse without submitting it to the person who is the subject of the complaint and, further, grievances of this nature will not be referred to the staff member who is the subject of the complaint. AR 421 states “The grievance process shall not be required to resolve or attempt to resolve the grievance with the accused staff member for any claim of sexual abuse: c. The grievance shall not be referred to the accused or named staff member”. The grievance coordinator affirmed the locked grievance boxes allow for offenders to submit grievances without having to give them to the subject of the complaint. Once the allegation is forwarded to the PCM, it will never be assigned to the subject of the complaint.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52(d) The facility indicated in their response to the PAQ that the agency's policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. PREA Manual AR 421 explains, “The IG or Supervising Criminal Investigator or designee shall respond to the grievance within 90 days of the grievance being filed by the offender.” And affirms the computation of the 90 days does not include time consumed by the offender preparing the grievance. If the IG or designee cannot respond within 90 days, AR 421 explains the IG may claim an extension of up to 70 days to respond to the grievance, and “The offender shall be notified in writing of any extension, providing a date by which a decision will be made.” If the offender does not receive a timely response, the offender may consider the absence of a response a denial.

Of the offenders interviewed who reported sexual abuse, none of the offenders reported via a grievance.

The facility indicated in their response to the PAQ, there have been 10 grievances filled in the past 12 months alleging sexual abuse, and all 10 of these grievances were responded to within 90 days. During the interview with grievance coordinator, they further affirmed that all grievances were responded to within 90 days.

The auditor reviewed the 10 grievances from the previous 12 months of the 10 grievances reviewed, 3 grievances received a response within 90 days, upon review it was determined these 3 were emergency grievances, and will be addressed later in the discussion.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52(e) The facility indicated in their response to the PAQ that agency policy allows third parties to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Moreover, if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse the agency documents the inmate's decision to decline. AR 421 states "For Any grievance that reports or claims sexual abuse, third parties shall be permitted to assist and/or file on behalf of the offender's request for administrative remedies. If a third party does file a request on behalf of an offender, the facility may require the alleged victim to agree with the request filed on his/her behalf." The AR goes on to "If a third party does file a request on behalf of an offender, the facility may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the alleged victim declines to have the request by the third party processed, the facility shall document the offender's decision in NOTIS."

The facility indicated in their response to the PAQ that there have been zero grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52(f) The facility indicated in their response to the PAQ that the agency has a policy and established procedures, which include an initial response within 48 hours, for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The agency outlines this requirement in AR 421, which states "An offender may utilize the emergency grievance process to report that they are, or another offender may be at substantial risk of imminent sexual abuse." And explains, any staff who receives the emergency grievance alleging an offender is at substantial risk of imminent sexual abuse, shall immediately forward the grievance to the shift commander. Once delivered to the shift commander, they;

a. Will review and take immediate corrective action as deemed appropriate.

b. Shall document the receipt of the emergency grievance and actions in NOTIS;

c. Will ensure the grievance has an initial response within 24 hours;

d. Will issue the final Department decision about the sexual abuse emergency grievance within 5 days; and

e. Will review and respond unless the grievance involves a family member or other

	<p><i>staff that they have a close or intimate relationship with, will be immediately forwarded to an impartial and designated staff member for review and response.</i></p> <p>The facility indicated in their response to the PAQ that they have received three emergency grievances in the past 12 months, and all three of these grievances had an initial response within 48 hours. The auditor reviewed the 3 emergency grievances from the previous 12 months of the 3 grievances reviewed, the auditor did not receive a documentation of a final agency decision being issued within 5 days.</p> <p>During a period of corrective action, the facility provided the auditor documentation of a final agency decision being issued within 5 days.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.52(g) The facility indicated in their response to the PAQ that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. AR 421 indicates the facility may only apply disciplinary action against an offender for a filing a grievance, only if it is “clearly demonstrated and documented that the offender filed the grievance in bad faith.”</p> <p>The facility indicated in their response to the PAQ that in the past 12 months, they have received zero grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>Following a period of corrective action, a final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no additional corrective action to take.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 5.2 Offender Access to Outside Confidential Support Services (effective date 2/8/24) 3. DOC 1919 Advocacy Request Form (English and Spanish)

4. NDOC Memorandum, 115.53 Offender Access to Outside Confidential Support Services (dated 8/16/2023)
 5. Contract for Services for Independent Contractor for less than \$100,000 between NDOC and Signs of Hope (signed 6/6/2023)
 6. NDOC Memorandum to PCM's, 115.21 (c)(e) and 115.53 Victim Advocacy (a)(b) (dated 9/14/22)
 7. Signs of Hope Advocacy Poster (English and Spanish)
 8. NDOC Glossary, defining privileged correspondence (dated 9/11/2020)
 9. NDOC PREA AR 421
2. Interviews
 1. Random Offenders
 2. Offenders who reported Sexual Abuse
 3. Site Review
 4. Findings (by provision)

115.53(a) The facility indicated in their response to the PAQ that they provide inmates with access to outside victim advocates for emotional support services related to sexual abuse; provide inmates with access to such services by giving inmates mailing addresses and telephone numbers for victim advocacy or rape crisis organizations; and provide inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. The agency does not house inmates solely for civil immigration purposes and, as such, does not provide information for immigrant services agencies.

PREA Manual AR 421 outlines how the agency will provide offenders with access to outside victim advocates for emotional support services related to sexual abuse, which includes providing offenders the mailing address and phone number for the outside victim advocate via orientation packets, and postings in the housing unit. Furthermore, the calls to the victim advocate are no cost to the offender, and not recorded.

During the onsite portion of the tour the auditor observed the "Signs of Hope" Emotional Support Service Postings in every housing unit, education areas, work area, and other programming areas. The posters include the address and phone number of the advocate. The posters include a statement "Calls are toll free, unmonitored, and available 24/7", and additionally explains that the services are available for anyone who has experienced, or currently experiencing sexual violence or abuse. During the onsite portion of the tour, the auditor reviewed the Offender Orientation Handbook, which does not contain any information related to the Victim Advocacy.

A post onsite interview with a Signs of Hope Advocate revealed there are nine trained advocates, and a director who are available to take phone calls. Signs of Hope is the only advocacy agency in the State of Nevada and are located in Las Vegas. Due to this, all communication with offenders is done over the phone. The advocate explained they are in the process of working on getting approval for video visits.

43 of 48 offenders (including four who reported an experience of sexual abuse) stated

they believe external support services exist; while not all could identify the advocacy organization, there were able to recall where to retrieve this information (i.e. posters). The remainder indicated they were unaware such services existed.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.53(b) The facility indicated in their response to the PAQ that the facility informs offenders, prior to giving them access to outside support services, the extent to which such communication will be monitored and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. While some assumed their communication with an advocate would remain confidential, none of the random or targeted inmates (with the exception of those who reported sexual abuse) were able to affirm that they are informed of the above provisions before accessing support services.

For the four offenders who reported sexual abuse, they all reported they were informed of the mandatory reporting rules. A review of investigation files, indicated this is accomplished via the DOC 1919, Advocacy Request form, states "Reports of self-harm, harm to others, or abuse that involves a child, elder, or dependent adult will be forwarded to the authorities in accordance with mandatory reporting laws."

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

The institution or facility shall inform offenders, 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 in accordance with mandatory reporting laws.

During the onsite portion of the tour, the auditor observed the Signs of Hope Posting, which, as described above do alert offenders that the communication is not monitored.

115.53(c) The facility indicated in their response to the PAQ that the facility maintains a MOU (i.e. Letter of Agreement) with a community service provider for the provision of emotional support services related to sexual abuse experienced by inmates. The auditor reviewed such agreement signed by NDOC, and Signs of Hope. Within, the agreement describes the respective responsibilities of NDOC and the service provider as it relates to facilitating and providing support services for inmates following an experience of sexual abuse in confinement.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is not substantially compliant with this standard. There is no corrective action to take.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 5.3 Third Party Reporting (effective date 2/8/24) 3. Website information 4. NDOC PREA AR 421 (effective date 8/30/2022) 2. Interviews 3. Site Review 4. Findings (by provision) <p>115.54(a) The facility indicated in their response to the PAQ that the agency has established a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. The agency has posted this information on the public facing website, and includes contact information for the IG, PREA Management Division, as well as an anonymous reporting link. PREA Manual 421 further affirms the requirement of the standard.</p> <p>During the post onsite phase of the audit, the auditor tested this reporting mechanism by submitting an allegation through the online reporting link. Within the same businesses day, the IG, PREA Management Office reported indicating receipt of the report.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 6.0 Staff Reporting (effective date 2/8/24) 3. NDOC AR 332 Employee Reporting Responsibilities (effective date 9/

16/14)

4. NDOC PREA Training PowerPoint
2. Interviews
 1. Random Staff
 2. Medical and Mental Health Staff
 3. Warden
 4. PREA Coordinator
 5. PCM
3. Site Review
4. Findings (by provision)

115.61(a) The agency indicated in their response to the PAQ that all staff must report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff are also required to immediately report according to policy any retaliation against inmates or staff who reported such an incident. Finally, staff must immediately report according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. PREA Manual AR 421 states "All staff is required to immediately report 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 department; retaliation against offenders or staff who reported such incidents; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."

The agency's Staff PREA Training restates the reporting requirements as defined by policy, and lists who staff can privately report to. Random staff interviews demonstrated that staff are familiar with reporting requirements should an inmate disclose an experience of sexual abuse or sexual harassment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.61(b) The facility indicated in their response to the PAQ that apart from reporting to designated supervisors or officials and designated state or local services agencies, the agency prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. This requirement is reinforced by AR 421, which reiterates the provision.

All of the 16 randomly staff interviewed reported they would contact the shift commander, or PCM Wood with the report. All 16 randomly staff stated they would only share the information with people who needed to know, such as the shift commander or PCM, and those identified as having a need to know.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

	<p>115.61(c) PREA Manual AR 421 states “Medical and mental health practitioners shall report all allegations of sexual abuse and sexual harassment and inform offenders of the practitioner's mandatory duty to report, and the limitations of confidentiality, at the initiation of services.”</p> <p>The auditor interviewed a medical clinician and mental health practitioner, both of whom indicated that they disclose the limits of confidentiality, including the disclosure of sexual abuse, at the start of services. They affirmed that they are required to immediately report in accordance with agency policy. Each stated the reporting responsibilities and confidentiality requirements of health information pursuant to this standard and policy.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.61(d) PREA Manual AR 421 states “If the sexual abuse victim is a Youthful Offender (under the age of 18) or considered an older person or vulnerable adult, the Department or facility will report the allegation as required by the State of Nevada mandatory reporting laws.”</p> <p>The auditor interviewed the PREA Coordinator and the Warden, who both affirmed at the completion of the investigation the investigation would be forwarded to the Department of Adult Services, or Division of Health and Human Services as needed.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.61(e) PREA Manual AR 421 states “All staff are required to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports through their facility chain of command and/or OIG, PREA Management Division.” Interviews with the Warden and PCM affirmed they accept reports, no matter how they are received.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

1. Documents:
 1. Pre-Audit Questionnaire
 2. AR 421 PREA Manual 6.0 Staff Reporting (effective date 2/8/24)
2. Interviews
 1. Agency Head
 2. Warden
 3. Random Staff
3. Site Review
4. Findings (by provision)

115.62(a) The facility indicated in their response to the PAQ that when the agency or facility learns an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. NNCC reported there have been zero instances of substantial imminent risk in the past 12 months. PREA Manual AR 421 explains when the department learns an offender is at substantial risk of imminent sexual abuse, they shall take immediate action to protect the offender.

During the interview with the Agency Head, they explained post orders, and policy state staff shall take immediate action to make sure the offender is safe, and any medical needs are met. A brief interview would take place in a separate and confidential area to find out what would be the appropriate action to protect the victim. During the onsite phase, the warden affirmed this process, further adding they would transfer the suspect to another location, in place in segregated housing to preventing placing the victim in segregated housing. During the interview the warden confirmed there have been no such circumstances in the past 12 months.

Interviews with 16 random staff affirmed that those at imminent risk would be separated from the threat immediately using a variety of tools to mitigate risk. Staff further articulated that they would act immediately as safety is paramount; ask preliminary questions to better understand the risk; monitor; notify a supervisor; and keep the person at imminent risk separate from the threat until a placement decision could be made.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

1. Documents:

1. Pre-Audit Questionnaire
2. AR 421 PREA Manual 6.1 Reporting to Other Confinement Facilities (effective date 2/8/24)
3. NDOC PREA AR 421 (effective date 8/30/22)
4. NDOC NNCC OP 421 Custodial Sexual misconduct, inmate sexual offenses, and Prison Rape Elimination Act (effective date 8/9/17)
5. NDOC Memorandums, report to other confinement facility examples

2. Interviews

1. Agency Head
2. Warden

3. Findings (by provision)

115.63(a) The facility indicated in their response to the PAQ that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. In the past 12 months, NNCC has received 3 allegations of abuse at another confinement facility and, subsequently, made the required notification to the confinement-based location.

PREA Manual AR 421 requires facilities will have a procedure in place for reporting to other confinement facilities, which NNCC has accomplished via OP 421. OP 421 states "The PREA Compliance Manager/Associate Warden 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 PREA Coordinator will notify the institution/facility in which the inmate alleged the incident occurred." However, PREA AR 421 states "All facilities will have a policy and procedure in place that upon receiving an allegation that an offender was sexually abused while confined at another facility, the facility Warden that received the allegation shall notify the head of the facility or appropriate office of the Department where the alleged abuse occurred," Upon review of reports to other confinement facilities, the reports are made by the facility head.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.63(b) The facility indicated in their response to the PAQ that agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. PREA AR 421 restates the expectation that the notification shall be provided as soon as possible, but no later than 72 hours.

The auditor reviewed the three notifications from NNCC to other confinement facilities. One of the three notifications was made in accordance with this provision. One of the notifications did not notate the date of the allegation, and one allegation was made beyond 72 hours.

During a period of corrective action, demonstrated compliance with provision by

	<p>ensuring the Warden of the facility made notifications of all allegations that an offender was sexually abused while confined at another facility reported at NNCC, were made to the appropriate office within 72 hours after receiving the allegation. Three such notifications were received during the corrective action period, all of which demonstrated compliance with the provision.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.63(c) The facility indicated in their response to the PAQ that the agency or facility documents that it has provided such notification. PREA AR 421 provides direction that “the facility shall document that it has provided such notification.” The auditor reviewed 3 notifications from NNCC to other confinement facilities. All three of the notifications were documented.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.63(d) The facility indicated in their response to the PAQ that agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. PREA Manual AR 421 states “When the Department, institution, or facility receives such notifications, they shall ensure that the allegation is investigated if not already investigated.”</p> <p>In the past 12 months the facility has received three notifications from other confinement facilities. A review of NNCC’s investigation logs indicated all three of these allegations were investigated in accordance with these standards. Interviews with both the Agency Head and Warden affirmed this process, and stated the allegation would be processed through the IG office and investigated accordingly.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p> <p>Recommendation: Update OP 421 to accurately reflect the reporting to other confinement facilities process.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

1. Documents:
 1. Pre-Audit Questionnaire
 2. AR 421 PREA Manual 6.2 First Responder Duties (effective date 2/8/24)
 3. PREA Allegation Tracker 2023-2024
 4. Staff PREA Training (revised 11/6/23)
2. Interviews
 1. Security Staff and Non-Security Staff First Responders
 2. Random Staff
 3. Inmates Who Reported Sexual Abuse
3. Site Review
4. Findings (by provision)

115.64(a) The facility indicated in their response to the PAQ that the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report must separate the alleged victim and abuser and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Moreover, if the abuse occurred within a time period that allows for the collection of physical evidence, the first security staff member to respond shall request that the alleged victim and ensure that the alleged suspect not take any actions that could destroy physical evidence.

PREA Manual 421 outlines the requirements of the 1st responder to separate the alleged victim and abuser and to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Furthermore, the policy requires if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, the facility indicated (after review of data with the auditor) they received 37 allegations of sexual abuse. Per the facility's responses to the PAQ, there were zero circumstances in which a first responder separated the alleged victim and the abuser, as all incidents were reported after the alleged incident occurred. However, upon review of the investigations and interviews with the PCM, random staff, and offenders who reported Sexual Abuse, as soon as the victim made the allegation they were taken to a secure location, separated from the suspect. Of the 37 allegations, two allegations were received with within a time period that still allowed for the collection of physical evidence. On their response to the PAQ, the facility reported one of the two allegation where staff were notified within a time period that still allowed for the collection of physical evidence, the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence and requested 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; however, upon review of the investigations it was determined that both

	<p>allegations the first responder acted as prescribed by the provision.</p> <p>16 of the 16 staff members interviewed successfully articulated all of their first responder duties, including separating the victim and abuser; preserving and protecting the crime scene; ensuring the alleged abuser not take any actions that might destroy physical evidence. While the majority of staff states they would request the alleged victim not take any actions that might destroy physical evidence, there were some staff who stated they would not let the victim take actions that would destroy physical evidence.</p> <p>Interviews were conducted with four offenders who reported sexual abuse. Two offenders stated they reported the incident outside a time period that still allowed for the collection of physical evidence, one offender stated the type of incident did not require preservation of physical evidence. the final offender stated they were sent out for a forensic medical examination, and evidence was collected, however they were not allowed to use the restroom or drink water while waiting to be transported.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.64(b) The facility indicated in their response to the PAQ the agency has a policy that requires non-security staff first responders to request the alleged victim not take any actions that could destroy physical evidence and notify security staff. AR 421 restates this requirement. The facility reported in the past 12 months, zero non-security staff members were the first to respond to a report of sexual abuse. This was affirmed during review of investigations.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is not action to take.</p> <p>Recommendation: Provide training to all staff in regards to requesting that the alleged victim and ensuring the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	1. Documents:

1. Pre-Audit Questionnaire
 2. AR 421 PREA Manual 6.3 Coordinated Response (effective date 2/8/24)
 3. PREA AR 421 (effective date 8/30/22)
 4. DOC 2093 Shift Supervisor Sexual Abuse Coordinated Response Guide, Form B (Updated 11/2021)
 5. DOC 2093 Shift Supervisor Sexual Abuse Coordinated Response Guide, Form C (Updated 11/2021)
 6. DOC 2092 Shift Commander Interview Guide, Inmate Victim Sexual Abuse (Updated 11/2021)
 7. Medical Directive 117, Sexual Assault (effective date 11/2020)
2. Interviews
 1. Warden
 3. Findings (by provision)

115.65(a) The facility indicated in their response to the PAQ that they have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. PREA AR 421 states “All facilities will develop an Operational Procedure to coordinate actions among first responders, medical and mental health practitioners, investigators, and facility leadership to be taken in response to an incident of sexual abuse.” However, no such OP was provided to the auditor.

The auditor was provided DOC 2093, Form B which is a response guide to an incident that occurred within 96 hours, and DOC 2093, Form C which is a response guide to an incident that occurred after 96-hour time frame. The DOC 2092 is a Shift Commander Interview Guide for Victims of Sexual Abuse.

During the specialized interview with the Warden, he explained OP 421 speaks to the coordinated response process, which is specific to NNCC, however as stated above the auditor did not receive a copy of this OP.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

During a period of corrective action, the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among first responders, medical and mental health practitioners, investigators, and facility leadership.

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.66

Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

1. Documents:

1. Pre-Audit Questionnaire
2. AR 421 PREA Manual 6.4 Collective Bargaining (effective date 2/8/24)
3. PREA AR 421 (effective date 8/30/22)
4. NDOC Memorandum to DOJ Auditor, 115.66 - Preservation of Ability to protect inmates from contact with abusers (dated 8/16/23)
5. State of Nevada & American Federation of State, County & Municipal Employees (AFSCME), Local 401 Collective Bargaining Agreement (effective July 1, 2023- June 30, 2025)
6. State of Nevada & Fraternal Order of Police (FOP) Correctional Officer Lodge 21 Collective Bargaining Agreement (effective July 1, 2023 - June 30, 2025)

2. Interviews

1. Agency Head

3. Findings (by provision)

115.66(a) The agency indicated in their response to the PAQ that the agency or facility has entered into or renewed collective bargaining agreements since August 20, 2012, or since the last PREA audit, whichever is later. NDOC currently has two collective agreements, one with American Federation of State, County, & Municipal Employees (AFSCME), Local 4041 and the other with Fraternal Order of Police (FOP), Correctional Officers Lodge 21. The auditor reviewed both collective bargaining agreements, which are both effective July 1, 2023 - June 30, 2025, and verified both do not contain language limiting the agency's ability to remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The collective bargaining agreement with AFSCME section 8.11 (page 24) states the agency has the right to "reassign employees to post assignments as required due to operational need and cross-training." And section 8.23 (page 30) states the agency "may temporarily change an employee's duty assignment to another work area and/or shift for five (5) consecutive months or less. The decision of the Employer to implement a short-term change in duty assignment shall be final and may not be grieved." While the collective bargaining agreement is silent regarding suspension pending investigation, section 11.1 state the agency "has the right to place an employee on paid Administrative Leave." The collective bargaining agreement with FOP section 9.17 states the agency "shall have the right to assign and reassign duties among employees in a class within a work area." And further states "The Employer may temporarily change an employee's duty assignment to another work area and/or shift for four (4) consecutive months or less. If, at any time during the four (4) months, the Employer has legitimate business reason(s) to make the change in the employee's duty assignment permanent, the Employer shall notify the Union." While the collective bargaining agreement is silent regarding suspension pending

	<p>investigation, section 11.1 state the agency “has the right to place an employee on paid Administrative Leave.”</p> <p>An interview with the Agency Head affirmed there is a collective bargaining agreement in place, which is effective July 1, 2023 – June 30, 2025, and this agreement permits the agency to remove alleged staff sexual abusers from contact with any inmate pending investigation or a determination of whether and to what extent discipline is warranted.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.66 (b). The auditor is not required to audit this provision of the standard.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 6.5 Department Protection Against Retaliation (effective date 2/8/24) 3. PREA AR 421 (effective date 8/30/22) 4. NNCC Retaliation Tracking 2. Interviews <ol style="list-style-type: none"> 1. Agency Head 2. Warden or Designee 3. Designated Staff Member Charged with Monitoring Retaliation 4. Inmates who Reported a Sexual Abuse 3. Findings (by provision) <p>115.67(a) The facility indicated in their response to the PAQ that the agency has 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. At NNCC, the PCM and a Correctional Case Worker Specialist has the responsibility of monitoring for possible retaliation.</p> <p>The agency’s zero tolerance statement as recorded in PREA Manual AR 421, “The Department prohibits retaliation against any person because of their involvement in the reporting or investigating of a complaint” The AR goes on to state “All institutions</p>

and facilities will have a procedure to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff.”

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67(b) PREA Manual AR 421 states “The Department, institutions, and facilities will employ multiple protection measures, such as; housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.”

An interview with the Agency Head affirmed explained the PCM’s at each facility use tracking sheets to indicate Protection Against Retaliation are being completed, for at least 90 days, unless/until the investigation is found to be Unfounded. The staff assigned to complete the PAR goes to see the offender or staff member, looks for disciplinary actions taken against them, negative housing or job changes, negative reports file for any other reason. NNCC’s Warden restated this process, and stated they would put staff in a non-offender post if needed. The staff member charged with monitoring for retaliation stated they review the offender’s file, and look for any punitive work or program changes, or bed moves.

Four offenders who reported sexual abuse were interviewed, two of the offenders affirmed they felt protected enough against possible revenge from staff other offenders but did elaborate on how they felt this was achieved. One offender stated they did not feel they were protected against possible revenge. One offender did not answer the question.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67(c) The facility indicated in their response to the PAQ that the agency/facility monitors the conduct or treatment of offenders or staff who report sexual abuse and of offender who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by offender or staff. When revealed, the facility acts promptly to remedy any such retaliation. Retaliation monitoring lasts for at least 90 days and continues beyond 90 days if there is a continuing need. The facility reported that there have been zero instances of reported retaliation in the last 12 months.

As described in PREA Manual 421, “for at least 90 days following a report of sexual abuse, the PCM or designee shall monitor and document the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to determine if there are changes that may suggest possible retaliation by offenders or staff; and shall act promptly to remedy any such retaliation.” The AR further explains the monitor will review offender disciplinary reports, housing or program changes, negative performance reviews, and

reassignment of staff.

During the interview with the Warden, he explained if retaliation was suspected, the staff member or suspected offender would be moved to another location. In the case of a staff member, they may be placed on a non-offender contact post while the investigation is continued. The staff member charged with monitoring for retaliation stated they review the offender's file, and look for any punitive work or program changes, or bed moves. They stated this monitoring will occur for at least 90 days, and longer if needed.

A review of the NNCC Retaliation Tracking, listed 24 investigations between April 2023 to April 2024. Of the 24 offenders monitored, eight were monitored for at least 90 days. Three offenders were under ongoing monitoring and three were reviewed for more than 80 days, but less than 90 days. 10 offenders were monitored for a short period of time, before the offender was transferred to another NDOC facility, however, there is not notation the monitoring was followed up on.

A review of the NNCC Investigation log indicates 23 in the allegations required retaliation monitoring. Of the 23, 19 were not on the NNCC Retaliation Tracking Log. Two offenders were monitored for at least 90 days, two offenders were reviewed for more than 80 days, but less than 90 days.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67(d) Per PREA Manual 421, "In the case of offenders, such monitoring shall also include periodic status checks." The auditor reviewed the NNCC Retaliation Tracking Log, and observed check ins are conducted 30, 60 and 90 days after the initial allegation. This was further affirmed by the Staff Member Charged with Monitoring Retaliation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67(e) In addition to the Agency's zero tolerance policy, PREA Manual 421 states "If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department, institution, or facility shall take appropriate measures to protect that individual against retaliation."

During the interview with the Agency Head, they explained they have the option of moving the victim, alleged abuser or staff member. Away from the area until the investigation is complete. This was further affirmed during the interview with the Warden.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67 (f). The auditor is not required to audit this provision of the standard.

Corrective Action

	<p>During a period of corrective action, the facility provide evidence of institutionalization of a process to ensure, for at least 90 days following a report of sexual abuse, the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse is monitored. Monitor to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 6.6 Post-Allegation Protective Custody (effective date 2/8/24) 2. Interviews <ol style="list-style-type: none"> 1. Warden 2. Staff who Supervise Offenders in Segregated Housing 3. Findings (by provision) <p>115.68(a) The facility indicated in their response to the PAQ that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse 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. In the past 12 months, NNCC reports that there have been zero Offenders alleging sexual abuse who were held in involuntary segregated housing for any time period. As such, the facility was unable to produce documentation to demonstrate the basis of the facility’s concern for the Offender’s safety and the reason(s) why an alternative means of separation could not be arranged.</p> <p>The PREA Manual AR 421 explains the process for an offender who is alleged to have suffered sexual abuse, and requires the victim not be placed in segregation unless “An assessment has been done and a determination made and documented that there is no available alternative means for housing the offender who is or was or is at high risk for sexual victimization from an abuser.” The AR further sets forth requirements as set forth in 115.43.</p> <p>During the interview with the Warden, he affirmed that they do not punish the victim, and if they need to move the victim, they place them in the least restrictive housing possible. If a victim was to be placed in segregated housing, it would only until other</p>

	<p>means of separation can be arranged. The staff who supervise segregated housing explained that any offender placed in segregation due to being a victim, would have access programs, privilege, education and work opportunities to the extent possible, and restrictions to those would be documented.</p> <p>Interviews with the Warden, PCM, and staff who supervise inmates in segregated housing all affirmed zero inmates were placed in involuntary segregated status during the past 12 months as a result of having suffered sexual abuse.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 7.0 Criminal and Administrative Investigations (effective date 2/8/24) 3. NDOC PREA AR 421 (effective date 8/30/22) 4. 2023 Staff on Offender Tracking 5. 2023 Offender on Offender Tracking 6. 2024 Staff on Offender Tracking 7. 2024 Offender on Offender Tracking 8. NDOC Office of Inspector General Preliminary Inquiry and Administrative Investigations Guide (revised June 2017) 9. PREA Investigation Reports 2. Interviews <ol style="list-style-type: none"> 1. Warden 2. PREA Coordinator 3. PCM 4. Investigative Staff 5. Offenders who reported sexual abuse 3. Findings (by provision) <p>115.71(a) The facility indicated in their response to the PAQ that the agency/facility has a policy related to criminal and administrative agency investigations. NDOC PREA AR 421 outlines the PREA Investigation Policy, and specifically states “Investigations</p>

will be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.” The policy describes the Office of Inspector General Criminal Investigators are responsible for investigating all allegations of staff on offender sexual abuse and sexual harassment, as well as offender on offender sexual abuse. The Facility Warden (or designee) will assign offender on offender allegation to facility investigators, as authorized by the IG.

During informal conversation with the PREA Coordinator and PCM, they further elaborated the process, explaining when an allegation is received at the facility, it is forwarded to the PCM for review, and initial steps are taken to ensure the victim and suspect are separated. Medical, housing, and other security needs will be addressed, and the allegation is forwarded to the PREA Coordinator in the IG’s office. The allegation will be assigned to an investigator who has received the specialized training, as determined by the IG’s office for investigation. PREA allegations are tracked on either the Offender-on-Offender Tracking Sheet, or Staff on Offender Tracking Sheet as applicable.

Conversations with Investigative staff affirmed that all allegations, including anonymous and third party, are taken seriously, and investigated promptly. They described evidence preservation and collection; the medical forensic examination process, including advocacy; interviewing victims, suspects, and witnesses; Mirandizing suspects; medical referrals; documentation; IAO v OIA responsibilities; and prosecutorial referrals. A review of 17 investigation files indicates investigations are completed promptly, thoroughly, and objectively and in accordance with NDOC PREA AR 421 as described above. While the auditor noted in 5 cases took over 30 days for assignment to the IG Investigator, the facility took steps to preserve evidence, obtain initial details Completed investigations are reviewed by the Warden, PCM and PREA Coordinator.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71(b) NDOC PREA AR 421, 421.05, Training states “Staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity warning, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or

prosecutorial referral. The NDOC shall maintain documentation of training completion.” Facility based investigators and Office of the Inspector General Investigators complete the online NIC PREA: Investigative Sexual Abuse in a Confinement Setting training. NDOC IG has 18 staff who have completed the training and conduct PREA Investigations. NNCC has 15 staff who have completed the training and conduct PREA Investigations. Interviews with investigative staff affirmed they completed the NIC training online.

Of the 17 files reviewed, all 17 were assigned to and investigated by a Staff member who completed the specialized training as required pursuant to 115.34. As discussed in standard 115.34, the elements of NDOC’s specialized investigations training are

substantially compliant.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71(c) PREA Manual AR 421 states investigators shall gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. During specialized interviews with Investigative staff, they explained their evidence collection procedure to ensure collection of any physical and DNA Evidence. They stated they review video footage of the incident, times surrounding the incident. They affirmed they conduct interviews with the victim, suspect, and witness, and review all prior complaints of sexual abuse involving the suspected perpetrator.

The auditor reviewed 17 investigation files, in which all 17 included documentations of the evidence collected, and descriptions of such evidence. As determined forensically appropriate offenders were sent for forensic medical examination at the outside hospital. All investigations included interviews with the victim, suspect, and any applicable witness, or described why such party could not be interviewed (i.e. death of a witness, prior to report date). All 17 investigations included a review of prior complaints and reports of sexual abuse involving the suspected perpetrator.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71(d) PREA Manual AR 421 states “When the quality of evidence appears to support a criminal prosecution, the assigned criminal investigator shall conduct compelled interviews only after consulting with the Nevada Attorney General as to whether compelled interviews may be an obstacle to subsequent criminal prosecution.” During the specialized interview with the IG Investigator, they affirmed this process.

A review of 17 investigation files indicated no compelled interviews were required.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71(e) PREA Manual AR 421 states “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or staff. The Department will not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition of proceeding with the investigation of such an allegation.”

During interviews with investigative staff, when asked to explain the method for judging credibility of a victim, suspect, or witness, investigators stated they make such assessments on an individualized basis and not on the basis of one’s status as

offender or staff. They approach each allegation from a place of believing; investigators assume all victims are credible until the investigatory evidence demonstrates otherwise. The investigators explain they attempt to corroborate or refute information using reliable sources of information, including testimony and video evidence. They make every effort to remain objective but consider the history of any misconduct and/or any prior PREA- related cases. They will conduct additional follow-up interviews if necessary to determine whether the individual has provided details consistently. Investigators also consider differences in witness, suspect, or victim statements, for examples, and document such conflicts. A review of investigative files revealed documentation of reliability. No offenders who previously reported sexual abuse stated they were subject to a polygraph examination.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71(f) PREA Manual AR 421 states “Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and be documented in written reports to include a description of the physical, and testimonial evidence, and the reasoning behind credibility assessments and investigative facts and findings.”

All PREA investigations are documented on a Nevada Department of Corrections Preliminary Incident report/ Investigation Closure Report. These reports are a template style report, which includes sections for the preliminary report, Incident details, offenders and staff involved, staff reports, synopsis of interviews with all interviewed, details of investigative steps, investigator notes, reasoning behind credibility assessment, and report of findings. Interviews with investigative staff indicated is staff actions or failures contributed to the abuse this would be documented with in the report.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71(g) PREA Manual AR 421 states “Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence with copies of all documentary evidence attached, where feasible.” Of the 17 investigations, one investigation has been referred for criminal prosecution, however, has not been processed by the District Attorney’s Office at this time. However, NDOC investigators are sworn Peace Officers, and able to conduct criminal investigations.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71(h) The facility indicated in their response to the PAQ that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Since August 20, 2012, or the facility’s last PREA audit, whichever is later, the facility reported there has been zero substantiated allegations of sexual abuse, however, during the post-onsite phase of the audit, one such investigation was subsequently

substantiated, and was referred for criminal prosecution.

Investigative staff were asked when cases are referred for prosecution. They indicated that all cases are referred to the local prosecutor when it appears potentially criminal conduct is present.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71(i) The facility indicated in their response to the PAQ that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. The NDOC Office of Inspector General Preliminary Inquiry and Administrative Investigations Guide states "According to PREA standard 115.71, all PREA administrative and criminal investigations shall include a written report and the Department shall retain all written reports relative to PREA allegations of sexual abuse/assault and sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five (5) years. In accordance with this requirement, all PREA investigations, both criminal and administrative will include PREA on the investigative file folder to ensure compliance with retention." The auditor confirmed through conversations with the PREA Coordinator that the agency maintains investigative records for the period of time required by this provision.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71(j) PREA Manual AR 421 states "The departure of the alleged abuser or victim from the employment or control of the facility or department shall not provide a basis for terminating an investigation." Investigative staff were asked how the agency proceeds when a staff member alleged to have committed sexual abuse terminates employment prior to completion of an investigation, or an offender is released from NDOC custody. They indicated that the investigation would proceed, and they would attempt to reach out the alleged abuser to conduct interviews as needed.

A review of the 17 investigation files indicated that offenders who were transferred to another facility were interviewed there, and investigation were not determined on the basis is the departure of the alleged abuser.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (k). The auditor is not required to audit this provision of the standard. A final analysis of the evidence indicates the facility is in substantially compliant with this standard. There is no corrective action to take.

115.71 (l). NDOC and NNCC conduct administrative and criminal investigations. This provision does not apply as stated.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with

	this standard. There is no corrective action to take.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. AR 421 PREA Manual 7.0 Criminal and Administrative Investigations (effective date 2/8/24) 3. NDOC PREA AR 421 (effective date 8/30/22) 2. Interviews <ol style="list-style-type: none"> 1. Investigative Staff 3. Findings (by provision) <p>115.72(a) The facility indicated in their response to the PAQ that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. PREA Manual AR 421 affirms this, by restating this provision. During interviews with facility and agency investigators they were able to accurately describe the preponderance of evidence standard, and how they apply it. Understanding and application of this burden of proof was demonstrated during review of 17 administrative investigation records.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is in substantially compliant with this standard. There is no corrective action to take.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Manual AR 421 8.1 Reporting to Offenders (effective date 2/8/24) 3. 2023 Staff on Offender Tracking

4. 2023 Offender on Offender Tracking
 5. 2024 Staff on Offender Tracking
 6. 2024 Offender on Offender Tracking
 7. Investigation Files
 8. NDOC Offender Victim PREA Report Notification Form (updated 2/2022)
2. Interviews
 1. Warden
 2. Investigative Staff
 3. Offenders who Reported Sexual Abuse
 3. Findings (by provision)

115.73(a) The facility indicated in their response to the PAQ that the agency has a policy requiring that any offender who makes an allegation that he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. PREA Manual AR 421 states "Following an investigation into an offender's allegation that they suffered sexual abuse, the Department, institution, or facility will inform the offender victim as to whether the allegation has been determined to be substantiated, unsubstantiated, unfounded, or did not meet a violation of sexual abuse or harassment." The Agency documents these notifications on the NDOC Offender Victim PREA Report Notification Form.

During specialized interviews with the Warden and Investigative Staff affirmed upon completion of the investigation, the offender is notified of the outcome, by the PCM.

During the onsite portion Interviews were conducted with four offenders who reported sexual abuse with. Of the four, two offenders stated the facility notified them of the outcome on the investigation, one did not provide an answer to the question, and one offender stated they were not notified of the outcome of the investigation. The auditor followed up with the PCM, and it was determined this allegation is still ongoing. The Auditor reviewed 17 investigation files, seven of which involved allegations of sexual abuse. Of the seven investigations, five (71%) included such notification.

During a period of corrective action, the facility provided evidence of the notification to the offender, for the files reviewed during the pre-onsite phase of the audit. Additionally, the facility provide evidence of the notification to the offender for the investigations closed during the post-onsite, and corrective action period.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.73(b) The analysis of this provision does not apply to the agency or respective facility. As discussed in preceding provisions, the agency is responsible for administrative and criminal investigations.

115.73(c) The facility indicated in their response to the PAQ that following an offender's allegation that a staff member has committed sexual abuse against the

inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PREA Manual AR 421 restates the provision.

The auditor reviewed the NDOC Offender Victim PREA Report Notification Form. The notification form is a check box style form which includes check boxes for the investigation findings, and check boxes for actions for the offender as required by the standard. The form includes check boxes for if the offender is limited English, and if a translator was required/ utilized. The notification is signed by the offender and retained in the investigative file.

The auditor reviewed two cases of staff sexual abuse, neither investigate file included evidence of such notification.

During a period of corrective action, the facility provided evidence of the notification to the offender, for the files reviewed during the pre-onsite phase of the audit. Additionally, the facility provide evidence of the notification to the offender for the investigations closed during the post-onsite, and corrective action period.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.73(d) The facility indicated in their response to the PAQ that following an offender's allegation that he or she has been sexually abused by another offender, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PREA Manual AR 421 restates the provision.

The auditor reviewed the NDOC Offender Victim PREA Report Notification Form. The notification form is a check box style form which includes check boxes for the investigation findings, and check boxes for actions for the offender as required by the standard. The form includes check boxes for if the offender is limited English, and if a translator was required/ utilized. The notification is signed by the offender and retained in the investigative file.

The auditor reviewed five cases of staff sexual abuse; all five investigative files included evidence of such notification.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.73(e) The facility indicated in their response to the PAQ that the agency has a policy that all notifications to inmates described under this standard are documented.

	<p>The PREA Manual AR 421 states “The institution or facility shall document all such notifications or attempted notifications on the Offender PREA Report Notification form DOC 2095.”</p> <p>As stated above the auditor reviewed seven files, involved allegations of sexual abuse. Of the seven investigations, five (71%) included such notification.</p> <p>During a period of corrective action, the facility provided evidence of the notification to the offender, for the files reviewed during the pre-onsite phase of the audit. Additionally, the facility provided evidence of the notification to the offender for the investigations closed during the post-onsite, and corrective action period.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.73(f) The auditor is not required to audit this provision of the standard.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>1. Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Manual AR 421 7.2 Disciplinary Sanctions for Staff (effective date 2/8/24) 3. NDOC Prohibitions and Penalties (approved 6/21/2019) 4. 2023 Staff on Offender Tracking 5. 2024 Staff on Offender Tracking <p>2. Findings (by provision)</p> <p>115.76(a, b) The facility indicated in their response to the PAQ that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. PREA Manual AR 421 states “Staff shall be subject to disciplinary sanctions up to and including termination for violating the Department's sexual abuse and sexual harassment policy.” And further states “Termination shall be a presumptive disciplinary sanction for staff who have engaged in sexual abuse.” The auditor reviewed the NDOC Prohibitions and Penalties document, which lists types of offense, and corrective action for each offense. Of note</p>

offense with a corrective action of "5" will result in dismissal. Section Q. of offenses titled "Sexual Misconduct with or Sexual Abuse or Harassment of Inmates" includes seven types of misconduct that fall with the PREA Standards definitions of Sexual Abuse of an Offender by a staff member and PREA Standards definitions of Sexual Harassment. All offenses of sexual abuse are subject to the corrective action of a "5", for the first offense.

The facility indicated in their response to the PAQ that in the past 12 months zero staff members have violated agency sexual abuse or sexual harassment policies. As stated previously, one allegation was substantiated during the post onsite phase of the audit. Both staff members resigned from state service.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.76(c) The facility indicated in their response to the PAQ that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. This provision is restated in the PREA Manual AR 421. As stated above, the facility indicated that in the past 12 months zero staff members have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

When reviewing the NDOC Prohibitions and Penalties document, corrective action for sexual harassment of any offender by a staff member first offense may be any of the corrective action listed on "1" through "5" with "1" being an oral warning, and "5" being dismissal. Second and third offenses can be any corrective action listed "3" through "5", "3" being suspension.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.76(d) The facility indicated in their response to the PAQ that 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. PREA Manual AR 421 states "All terminations of any staff member for violations of the sexual harassment policy, or resignations by staff, who would have been terminated if not for their resignation, shall be reported to law enforcement agencies and any relevant licensing body. Unless the activity was clearly not criminal."

The facility indicated zero staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

A final analysis of the evidence indicates the facility is in substantial compliance with

	<p>this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Manual AR 421 7.3 Corrective Action for Contractors and Volunteers (effective date 2/8/24) 3. NDOC AR 802 Community Volunteer Program (effective date 10/15/13) 4. 2023 Staff on Offender Tracking 5. 2024 Staff on Offender Tracking 2. Interviews <ol style="list-style-type: none"> 1. Warden 3. Site Review 4. Findings (by provision) <p>115.77(a) The facility indicated in their response to the PAQ that agency policy requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. They shall, further, be prohibited from contact with Offenders. In the past 12 months, no contractors or volunteers have been reported for engaging in sexual abuse of inmates.</p> <p>PREA Manual AR 421 states “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies.”</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.77(b) The facility indicated in their response to the PAQ that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. PREA Manual AR 421 states “The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of</p>

	<p>Department sexual abuse, sexual harassment, or over-familiarity policies by a contractor or volunteer.” During the interview with the Warden, he explained the contractor or volunteer who committed the act would be barred from entering the facility and placed on the statewide restriction list. During the interview the Warden further affirmed there have been no such cases in the past 12 months.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Manual AR 421 7.3 Disciplinary Sanctions for Offenders (effective date 2/8/24) 3. 2023 Offender on Offender Tracking 4. 2024 Offender on Offender Tracking 5. NDOC Offender Disciplinary Manual AR 707.1 (effective date 3/14/24) 2. Interviews <ol style="list-style-type: none"> 1. Warden 3. Site Review 4. Findings (by provision) <p>115.78(a) The facility indicated in their response to the PAQ that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative and/or criminal finding that an offender engaged in offender- on-offender sexual abuse. PREA Manual AR 421 states “Upon completion of an administrative investigation which results in a substantiated finding for offender-on-offender sexual harassment will result in administrative disciplinary charges in accordance with AR 707 offender discipline MJ50 sexual harassment.”</p> <p>In the past 12 months, one offender has been found to have engaged in offender-on-offender sexual abuse. There have been zero criminal findings of guilt for offender-on-offender sexual abuse that have occurred at the facility. The facility provided zero examples of disciplinary sanctions following an administrative finding that an offender engaged in offender- on-offender sexual abuse.</p>

During a period of corrective action, the Acting Inspector General authored a memorandum to Investigators providing direction upon substantiating an allegation of Sexual Abuse or Sexual Harassment committed by an offender, the investigator is responsible to generate the offense in custody (OJC) for either Sexual Abuse or Sexual Harassment. If the offender was given a verbal reprimand, or no charges based on the offender's mental health/ cognitive understanding it should be noted in the report.

A final analysis of the evidence indicates the facility is not in substantial compliance with this provision.

115.78(b) PREA Manual AR 421 states "The institution or facility disciplinary hearing officer will ensure sanctions are commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories." During the interview with the Warden, he explained Hearing Officers follow disciplinary guidelines outlined in AR 707, as it relates to designated sanctions for disciplinary action.

As noted above, there have been one administrative finding of inmate-on-inmate sexual abuse; however, the auditor was not provided a copy of this conduct report, and unable to review inmate sanctions related to a finding of sexual abuse.

During a period of corrective action, the Acting Inspector General authored a memorandum to Investigators providing direction upon substantiating an allegation of Sexual Abuse or Sexual Harassment committed by an offender, the investigator is responsible to generate the offense in custody (OJC) for either Sexual Abuse or Sexual Harassment. If the offender was given a verbal reprimand, or no charges based on the offender's mental health/ cognitive understanding it should be noted in the report.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78(c) PREA Manual AR 421 states "The disciplinary hearing officer shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanctions, in any, should be imposed." During the interview with the Warden, he explained mental health is consulted, to make sure the offender understands what he did, and the results of his actions.

As noted above, there have been one administrative finding of inmate-on-inmate sexual abuse; however, the auditor was not provided a copy of this conduct report, and unable to review inmate sanctions related to a finding of sexual abuse.

During a period of corrective action, the Acting Inspector General authored a memorandum to Investigators providing direction upon substantiating an allegation of Sexual Abuse or Sexual Harassment committed by an offender, the investigator is responsible to generate the offense in custody (OJC) for either Sexual Abuse or Sexual Harassment. If the offender was given a verbal reprimand, or no charges based on

the offender's mental health/ cognitive understanding it should be noted in the report.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78(d) The facility indicated in their response to the PAQ that the facility does not offer therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for abuse.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78(e) The facility indicated in their response to the PAQ that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. NDOC Offender Disciplinary Manual 707.1 states "An Offender may only be disciplined for sexual contact with staff upon a finding that the staff member did not consent to such contact." In the preceding 12 months, there were no instances of sexual conduct with staff in which the staff person did not consent. Accordingly, there was no documentation available for review of a substantiated case of staff-on-off sexual contact in which the evidence showed there was a lack of consent of the involved staff member.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78(f) The facility indicated in their response to the PAQ that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PREA Manual 421 and NDOC Offender Disciplinary Manual 421 both restate the provision.

The auditor reviewed 7 sexual abuse administrative investigation files. None included evidence that an inmate reporter was subject to disciplinary action for sexual abuse or sexual harassment allegations; including those that were determined unfounded.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78(g) The facility indicated in their response to the PAQ that the agency prohibits all sexual activity between inmates and disciplines offenders for such conduct when an investigation reveals the conduct was not coerced. Per NDOC PREA AR 421 "The Department prohibits all sexual activity between offenders and may discipline offenders for such activity," and affirms those who engaged in consensual sexual activity will be disciplined.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

	<p>Following a period of corrective action, a final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no additional corrective action to take.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Manual AR 421 8.0 Medical and Mental Health Screenings; History of Sexual Abuse (effective date 2/8/24) 3. NDOC AR 643 Mental Health Services (effective date 10/15/23) 4. Medical Directive 316 Initial Department Intake Procedure for Mental Health Evaluation (effective date 7/2015) 5. PREA Intake Tracking 6. NNCC PREA Reports (Mental Health Tracking) 7. Mental Health Assessment - Initial Classification and/or Psychiatric Referral (effective date 7/2015) 2. Interviews <ol style="list-style-type: none"> 1. Offenders who disclosed Sexual Abuse at Risk Screening 2. Staff responsible for risk Screening 3. Medical/ Mental Health Staff 3. Site Review 4. Findings (by provision) <p>115.81(a, b, c) The facility indicated in their response to the PAQ that all inmates who disclose prior sexual victimization during risk screening are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening and that all inmates who previously perpetrated sexual abuse, as indicated during the risk screening, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. REA Manual AR 421 states "During the intake or reception screening that indicates an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or the community, staff shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening." NDOC 643 Mental Health Services explains offenders referred for non-emergency mental health care will be evaluated within 14 days of referral. The facility indicated in their response to the PAQ, in the 12 months prior to audit 100 offenders disclosed prior victimization during screening and were offered a follow-up meeting with medical or mental health practitioner. Of the 100 offenders who were offered the follow-up meeting, 27 accepted.</p>

While the facility did provide the NNCC PREA Reports log, no offenders who disclosed sexual victimization during risk screening were listed on the log. The auditor was provided no documentation of following up meetings as described by the provision.

During the interview with staff who are responsible for risk screening, they explained all offenders who indicate they experienced prior sexual victimization are offered mental health referral. Three offenders who disclosed sexual victimization at risk screening, one stated he saw mental health about three weeks later, one declined, and one was seen the same day.

During a period of corrective action, the facility ensured all offenders who experienced prior sexual victimization were offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. Offenders who disclosed prior sexual victimization were offered medical or mental health follow-up at during the intake screening, and if accepted, they were all seen by a mental health practitioner within 14 days.

A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.81(d) The facility indicated in their response to the PAQ that information related to sexual victimization or abusiveness that occurred in an institutional setting is not limited to medical and mental health practitioners. However, if information is shared with other staff, it is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. PREA Manual AR 421 states "Any information related to sexual victimization or abusiveness that occurred in a confinement facility 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."

During the onsite phase of the audit, the auditor observed the facility's database to track offender details and movement (i.e. NOTIS). This information is transmitted in a secure, access-controlled database.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.81(e) The facility indicated in their response to the PAQ that 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. PREA Manual AR 421 restates this provision. Interviews with Medical and Mental Health staff affirm that they do obtain informed consent from offenders before reporting about prior sexual victimization that did not occur in an institutional setting.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

	<p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Manual AR 421 8.1 Access to Emergency Medical and Mental Health Services (effective date 2/8/24) 3. DOC Memorandum to DOJ Auditor, 115.82(a) Access to emergency medical and mental health services (dated 2/15/18) 2. Interviews <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Offenders who reported sexual abuse 3. Security Staff and Non-Security Staff First Responders 4. Site Review 3. Findings (by provision) <p>115.82(a) The facility indicated in their response to the PAQ that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. PREA Manual AR 421 restates the provision. The NDOC Memorandum, 115.82(a) Access to emergency medical and mental health services explains should the offender require more extensive treatment than what can be provided by the facility, the offender will be transported to the outside hospital for emergent care needs, which is typically provided immediately.</p> <p>Interviews with medical and mental health staff affirmed that victims of sexual abuse are provided timely and unimpeded access to emergency medical treatment and crisis intervention services. The staff affirmed the nature of these services are determined according to their professional judgement.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.82(b) PREA Manual AR 421 states “If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, custody staff</p>

	<p>first responders shall take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health practitioners.” All staff members successfully articulated their medically-related protection and first responder duties pursuant to 115.62 and 115.64, respectively (as noted in those discussions).</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.82(c) The facility indicated in their response to the PAQ that offender victims of sexual abuse while incarcerated are 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. PREA Manual AR 421 states “Offender victims of sexual abuse, while incarcerated, shall be 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.”</p> <p>Interviews with medical and mental health staff confirmed offenders are Offender victims of sexual abuse, while incarcerated, shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. Interviews were conducted with four offenders who reported sexual abuse; one offender stated he was provided information about and access to, sexually transmitted infection prophylaxis, one offender did not answer the question, and two offenders stated they did not receive this information, however, upon review of their allegation, the type of abuse did not require sexually transmitted infection prophylaxis.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.82(d) The facility indicated in their response to the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. PREA Manual AR 421 restates the provision.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

1. Documents:
 1. Pre-Audit Questionnaire
 2. PREA Manual AR 421 8.2 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers (effective date 2/8/24)
 3. Medical Directive 117 Sexual Assault (effective date 11/2020)
 4. NNCC PREA Reports
2. Interviews
 1. Medical and Mental Health Staff
 2. Offenders who Reported Sexual Abuse
3. Findings (by provision)

115.83(a, b, c) The facility indicated in their response to the PAQ that the facility offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in a confinement setting and that such services are consistent with the community level of care. The PREA Manual AR 421 restates the provisions.

Interviews were conducted with four offenders who reported sexual abuse, one offender stated medical and mental health staff did not discuss follow up service, treatment plans, and referrals. The remaining three offenders stated they declined to see medical or mental health. During interviews with medical and mental health staff, they all confirmed the evaluation and treatment of such victims would include follow up services, treatment plans and referrals for continued care as needed. All affirmed the medical and mental health services are consistent with the community level of care.

A review of the NNCC PREA reports mental health follow up indicate the one offender who did not meet with medical or mental health staff did meet in person with a mental health provided shortly after their report of sexual abuse. A review of 7 investigations of sexual abuse, each investigation included the DOC 2093 (form B or form C) which includes documentation of medical examination and offering of mental health services.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83(d, e) The facility indicated in their response to the PAQ that the facility does offer pregnancy tests or information about lawful pregnancy related medical services to female victims of sexually abusive vaginal penetration. PREA Manual AR 421 states "Offender victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests. If pregnancy results, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services."

During interviews with medical and mental health staff, they all confirmed female offenders are given timely information and access to all lawful pregnancy-related

services immediately. None of the offenders who reported sexual abuse were female.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83(f) The facility indicated in their response to the PAQ that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. PREA Manual AR 421 restates the provision. Of the 7 sexual abuse investigations reviewed, two incidents involved circumstances which would have prompted sexually transmitted infection testing. One of these victims was still at NNCC during the onsite phase of the audit. During interviews with offender they were offered such testing.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83(g) The facility indicated in their response to the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. PREA Manual AR 421 restates the provision.

Interviews with four offenders who reported sexual abuse affirmed they were not charged for such services.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83(h) The facility indicated in their response to the PAQ that the facility attempts to conduct a mental health evaluation of all known offender-on offender abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. PREA Manual AR 421 states "Facilities shall attempt to conduct a mental health evaluation of all known offender-on offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners."

During interviews with medical and mental health two staff affirmed the requirement of the standard, however one staff stated this evaluation does not always occur. The auditor reviewed one offender on offender allegation that was substantiated, and a review of the NNCC PREA Report, and observed the perpetrator was evaluated within 60 days of the allegation being closed.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

1. Documents:
 1. Pre-Audit Questionnaire
 2. PREA Manual AR 421 8.2 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers (effective date 2/8/24)
 3. DOC 1925, NDOC Sexual Abuse Incident Review (SAIR) (dated 12/2021)
 4. SAIR examples
 5. 2024 Staff on Offender Tracking
 6. 2024 Offender on Offender Tracking
 7. 2023 Staff on Offender Tracking
 8. 2023 Offender on Offender Tracking
2. Interviews
 1. Warden
 2. PCM
 3. Sexual Abuse Incident Review Team Member
3. Findings (by provision)

115.86(a, b) The facility indicated in their response to the PAQ that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded, and the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, the facility indicated they completed 16 investigations of alleged sexual abuse resulting in a finding of substantiated or unsubstantiated. PREA Manual AR 421 states "The facility shall conduct a Sexual Abuse Incident Review (SAIR) at the conclusion of every substantiated sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded." The PREA manual further stipules the SAIR shall ordinally be held within 30 days of the conclusion of the investigation.

The auditor reviewed 7 sexual abuse investigations. of the seven investigations, three allegations were unfounded and did not require a SAIR. One allegation had not yet been closed for 30 days, and the remaining three allegations were completed as required by the provision.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.86(c) The facility indicated in their response to the PAQ that the sexual abuse incident review includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The PREA Manual outlines who is required to be a member of SAIR team which includes, at a

minimum:

- a. Upper-level facility supervisor
- b. Line supervisors,
- c. Investigators, and
- d. Medical or Mental Health practitioner

During the interview with the Warden, he affirmed the SAIR committee will come together and go over the investigation as a team. The team consists of himself (or his designee), the PCM, investigators, as well as staff from medical and mental health. A review of SAIR's uploaded to the PAQ indicated that SAIR's included the Warden or Associate Warden, PCM, shift commander, Medical and/or Mental Health, and the investigator.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.86(d) The facility indicated in their response to the PAQ that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to the above provisions and any recommendations for improvement and submits such report to the facility head and PCM. The PREA Manual states the team "shall utilize DOC 1925 and document their review for the following criteria:" the criteria outlined is consistent with the provision.

A review of SAIR's uploaded to the PAQ indicated that team reviews five questions. The questions are discussed consider 1-5 of the provision, and have a yes, no, or N/A check boxes, as well as an area for discussion. The responses are documented on the DOC 1925. During the interview with the PCM he stated that he completes the report, and it is forwarded to the Warden for review. The Warden and the Incident Review Team Member affirmed all components of the provision are reviewed.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.86(e) The facility indicated in their response to the PAQ that the facility implements the recommendations for improvement or documents its reasons for not doing so. PREA Manual 421 states "The Warden shall consider implementing recommendations for improvement or document the reasons for not doing so." During the interview with the PCM, he affirmed NNCC has not identified any race, gender, or other identifiers that may have contributed to an incident; no recommendations for improvement have been made.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with

	this standard. There is no corrective action to take.
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Manual AR 421 8.4 Data Collection (effective date 2/8/24) 3. 2022 SSV Summary form 4. 2018 Signed Annual Report 5. 2019 Signed Annual Report 6. 2020 Signed Annual Report 7. 2021 Signed Annual Report 8. 2022 Signed Annual Report 2. Findings (by provision) <p>115.87(a, b, c) The facility indicated in their response to the PAQ that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, which includes, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by DOJ. PREA Manual AR 421 states “The Department shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and a set of definitions.” This data is aggregated at least annually, and “the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.”</p> <p>Each year the NDOC PREA Coordinator completes an annual report with uniform data from every allegation of sexual abuse at the facilities under the agency’s control. The PREA Coordinator maintains a log of all PREA investigations, using a standardized log which includes, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence each year. The NDOC has standardized PREA definitions, which are used throughout the agency.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p> <p>115.87(d) The facility indicated in their response to the PAQ that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. PREA Manual AR 421 restates the provision.</p>

	<p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p> <p>115.87(e) The facility indicated in their response to the PAQ that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The agency does not currently contract with any private facilities.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.87(f) The facility indicated in their response to the PAQ that the agency provided DOJ with data from the previous calendar year upon request. PREA Manual AR 421 restates this provision.</p> <p>The Agency’s PREA Coordinator completes the Survey of Sexual Victimization each year as requested by the DOJ.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Manual AR 421 8.5 Data review for corrective action (effective date 2/8/24) 3. 2022 Annual PREA Report 4. 2021 Annual PREA Report 5. 2020 Annual PREA Report 6. 2019 Annual PREA Report 7. Agency Website 2. Interviews <ol style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator 3. PCM 3. Findings (by provision)

115.88(a) The facility indicated in their response to the PAQ that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. PREA Manual AR 421 stipulates the requirement that the department shall review data collected and aggregated to assess and improve effectiveness of its sexual abuse prevention, detection and response, by;

- a. Identifying problem areas;
- b. Taking corrective action on an ongoing basis; and
- c. Preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole.

The auditor reviewed the agency's most recently completed and posted annual report (i.e. 2022) and confirmed it includes the following components: zero tolerance statement; review of critical definitions; summary data; compliance efforts and corrective action steps; and a summary statement.

The Agency Head explained they use the PCM's tracking reports, incident reviews and annual reports to determine if changes need to be made to ensure the safety of the offenders and staff. The PREA Coordinator affirmed the agency reviews data collected and aggregated, and it is securely retained on a state controlled hard drive with specified labeled folders. The PCM indicated he completes an annual staffing plan, which is set to the PREA Coordinator, and all issues and PREA Allegations are discussed with her.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.88(b) The facility indicated in their response to the PAQ that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. Moreover, the annual report provides an assessment of the agency's progress in addressing sexual abuse. PREA Manual restates the provision. The auditor reviewed annual reports from 2019 - 2022. All included comparative data, corrective action, and a discussion of progress.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.88(c) The facility indicated in their response to the PAQ that the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head. PREA Manual AR 421 states "The agency's report shall be approved by the Director and made readily available to the public through its website." The auditor reviewed the agency's website. Since 2018, the NDOC Director has approved and signed the reports, and they are subsequently

	<p>posted to the NDOC website. The auditor observed each respective annual report posted to the agency’s public website.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.88(d) The facility indicated in their response to the PAQ that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. When redactions are necessary, the agency indicates the nature of the material redacted. However, it should be noted the agency does not include information in the annual reports that would require information to be redacted.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. PREA Manual AR 421 8.6 Data storage, publication, and destruction (effective date 2/8/24) 3. NDOC Website 2. Interviews <ol style="list-style-type: none"> 1. PREA Coordinator 3. Findings (by provision) <p>115.89(a) The facility indicated in their response to the PAQ that the agency ensures incident-based and aggregate data are securely retained. PREA Manual AR 421 restates the provision. During the interview with the PREA Coordinator she confirmed that the data is securely maintained on a state controlled hard drive with specified labeled folders. The PREA Coordinator facilitates all National reporting. Data submitted and used for tracking purposes is controlled by user rights and is granted by to those staff with a need to know at each location and/or headquarters. Personally identifiable information is not submitted; quantitative data-only.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with</p>

	<p>this provision.</p> <p>115.89(b) The facility indicated in their response to the PAQ that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. PREA Manual AR 421 restates the provision.</p> <p>The auditor reviewed NDOC’s public website, wherein aggregated sexual abuse data is listed in the form of an annual report for all agency facilities Specifically, the auditor reviewed the report titled, Prison Rape Elimination Act (PREA) Annual Report - Calendar Year 2022.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.89(c) The facility indicated in their response to the PAQ that the agency removes all personal identifiers before making aggregated sexual abuse data publicly available. PREA Manual AR 421 restates the provision. As previously stated, the agency does not include information in the annual reports that would require information to be redacted.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.89(d) The facility indicated in their response to the PAQ that the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. The PREA Manual AR 421 restates the provision.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Western State Consortium audit Schedule 2. Findings (by provision)

115.401(a) The auditor confirmed by review of NDOC's public website that beginning in Audit Cycle I, and during each three-year period thereafter, the agency ensured each facility operated by the agency, or by a private organization on behalf of the agency, was and is audited at least once. The public website lists the facility and respective audit year, in addition to a hyperlink to access the final report.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401(b) An interview with the PREA Coordinator indicated the NDOC has 14 state correctional institutions operated by the state. The auditor reviewed the agency's public website, including the Western State Audit Consortium schedule for past and future audits, which affirmed the agency was able to achieve the one third requirement in year II of Audit Cycle VI

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401 (h). During the onsite review, the audit team had unrestricted access to all areas of the facility. The audit team was invited, and accommodated, to observe any area or operation within the facility upon request.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401 (i). During all phases of the audit, NDOC staff consistently made available to the audit team documents, records, files, photographs, etc. in a timely manner. Facility staff permitted photographing of specific items and areas within the facility upon request by the audit team for the auditor's use and reference in preparing the audit findings. During the onsite phase of the audit, the auditors had unrestricted access to files, reports, and automated information systems at the agency and facility levels.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401 (m). During the onsite phase of the audit, the auditors, PCM, and support staff worked cooperatively to develop a private process and location for conducting interviews of both staff and inmates. The audit team benefited greatly from the facility's active coordination of interviews and attempts to troubleshoot refusals; their efforts allowed for an uninterrupted flow of interviews. A total of 93 staff and inmate interviews were conducted.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401 (n). The auditor sent an email request on 4/24/24 requesting that PCM Wood post the provided English and Spanish audit notice on colored paper in all staff and inmate common areas by 5/10/24; six weeks prior to the onsite review

	<p>date. Audit notices included a confidentiality statement indicating outgoing mail to the auditor would be treated as legal mail, and instructions to contact the auditor via mail, if desired. On 5/10/24, the PCM responded via email confirming audit notices were posted on or before the same date. He included 9 sample photos of the postings, which showed English and Spanish notices displayed on white paper. The facility mailroom staff stated that they were knowledgeable about and complied with the processing of any correspondence to the PREA auditor. Specifically, the envelope would remain sealed and handled in accordance with legal mail. The auditor did not receive any correspondence from an inmate or staff member during any phase of the audit.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. NDOC Public Website 2. Findings (by provision) <p>115.403 (f). The agency’s website has a link dedicated to PREA-related information, including applicable policies and procedures; directions to report an allegation of sexual abuse or sexual harassment; draft audit schedule; and archived audit reports. This is NNCC’s fourth US DOJ PREA audit. An interview with the PREA Coordinator and internet search confirmed that final audit reports are posted to the agency’s public website.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a) Youthful inmates		
	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
115.14 (b) Youthful inmates		
	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
	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
115.14 (c) Youthful inmates		
	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
	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
	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
115.15 (a) Limits to cross-gender viewing and searches		
	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
115.15 (b) Limits to cross-gender viewing and searches		
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	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
115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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
115.18 (b)	Upgrades to facilities and technologies	

	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
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	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
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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
	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
115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	no

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	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
	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
	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
	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
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	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
	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	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	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
	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
115.43 (b)	Protective Custody	
	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
	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
	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
	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
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	Protective Custody	

	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	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
	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
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b) Inmate reporting		
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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.	no
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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	yes

	this standard.)	
	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
115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (f)	Exhaustion of administrative remedies	

	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
	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
	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
	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
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	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
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	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
	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
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit 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
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	Except in instances where the agency determines that a report of	yes

	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?	
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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

115.73 (b)	Reporting to inmates	
	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.)	na
115.73 (c)	Reporting to inmates	
	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 inmate 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
	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
	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
	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
115.73 (d)	Reporting to inmates	
	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
	Following an inmate's allegation that he or she has been sexually	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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.)	na
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	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
	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
	Does the agency review data collected and aggregated pursuant	yes

	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?	
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403	Audit contents and findings	

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes