

# PREA Facility Audit Report: Final

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

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 05/21/2024

**Date Final Report Submitted:** 12/18/2024

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"/>
<b>Auditor Full Name as Signed:</b> Kate Joy Burkhardt, Ph.D.	<b>Date of Signature:</b> 12/18/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Burkhardt, Ph.D., Kate
<b>Email:</b>	kate.burkhardt@cdcr.ca.gov
<b>Start Date of On-Site Audit:</b>	02/26/2024
<b>End Date of On-Site Audit:</b>	02/29/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Southern Desert Correctional Center
<b>Facility physical address:</b>	20825 Cold Creek Road , Indian Springs , Nevada - 89018
<b>Facility mailing address:</b>	20825 Cold Creek Road, Indian Springs, Nevada - 89018

Primary Contact
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<b>Name:</b>	Kimberley McCoy
<b>Email Address:</b>	kmccoy@doc.nv.gov
<b>Telephone Number:</b>	75-216-6420

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Ronald Oliver
<b>Email Address:</b>	roliver@doc.nv.gov
<b>Telephone Number:</b>	725-216-6400

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Kimberley McCoy
<b>Email Address:</b>	kmccoy@doc.nv.gov
<b>Telephone Number:</b>	725-216-6420
<b>Name:</b>	Gillian Lambey
<b>Email Address:</b>	glambey@doc.nv.gov
<b>Telephone Number:</b>	725-216-6481

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Nowell Granados
<b>Email Address:</b>	ngranados@doc.nv.gov
<b>Telephone Number:</b>	725-216-6500 ext. 36

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	2184
<b>Current population of facility:</b>	1620
<b>Average daily population for the past 12 months:</b>	1666

<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Mens/boys
<b>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 <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18 to 80
<b>Facility security levels/inmate custody levels:</b>	Medium and Close /Housing levels 1, 2, 3 Administrative and Disciplinary Segregation
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	243
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	2
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	151

## AGENCY INFORMATION

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

**Agency Chief Executive Officer Information:**

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

**Agency-Wide PREA Coordinator Information**

<b>Name:</b>	Deborah Striplin	<b>Email Address:</b>	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:	2024-02-26
2. End date of the onsite portion of the audit:	2024-02-29

#### 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:	Just Detention International (JDI) and Signs of Hope

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2149
15. Average daily population for the past 12 months:	1663
16. Number of inmate/resident/detainee housing units:	25
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" 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**

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	1668
<b>19. 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:</b>	2
<b>20. 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:</b>	11
<b>21. 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:</b>	2
<b>22. 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:</b>	6
<b>23. 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:</b>	64
<b>24. 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:</b>	11

<p><b>25. 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:</b></p>	<p>2</p>
<p><b>26. 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:</b></p>	<p>13</p>
<p><b>27. 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:</b></p>	<p>21</p>
<p><b>28. 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:</b></p>	<p>0</p>
<p><b>29. 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):</b></p>	<p>All populations were tracked appropriately. In addition, all populations were made available to the audit team for interview and documentation review purposes.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>30. 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:</b></p>	<p>268</p>
<p><b>31. 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:</b></p>	<p>151</p>

<b>32. 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:</b>	12
<b>33. 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:</b>	All populations were tracked and as noted, there was no 12-months comparison data. However, all populations were made available to the audit team for interview and documentation review purposes. As noted; #50 totaled 151, but only approximately 11 volunteers came to the facility on a monthly basis.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	29
<b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<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><b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Randomized selection was generated while onsite. Individuals were interviewed for RANDOM purposes from each of the housing units, to include Units 1, 2, 3, 4, 5, 6, 8, 11, &amp; 12, and consideration given to dorms and tier locations for number of interviewees selected. The auditor randomly selected inmate interviewees based primarily upon Housing Assignment, with secondary consideration given to Age, Race, Ethnicity, Length of Time in the Facility, and Gender.</p>
<p><b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>38. 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):</b></p>	<p>There were no identified issues associated with the selection and/or interviewing processes, as related to ensuring representation of RANDOM inmates.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>21</p>
<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".</p>	

<p><b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>40. 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).</b></p>	<p>*NOTE: 60a is INCORRECT: This category did not need to be complete as the audit team had reached over the baseline of TARGETED interview protocols for the Disabled and Limited English Proficient Inmate category. There is no default category to choose 'not applicable.'</p>
<p><b>41. 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:</b></p>	<p>2</p>
<p><b>42. 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:</b></p>	<p>1</p>
<p><b>43. 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:</b></p>	<p>0</p>

<p><b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>43. 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).</b></p>	<p>*NOTE: 63a is INCORRECT: This category did not need to be complete as the audit team had reached over the baseline of TARGETED interview protocols for the Disabled and Limited English Proficient Inmate category. There is no default category to choose 'not applicable.'</p>
<p><b>44. 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:</b></p>	<p>2</p>
<p><b>45. 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:</b></p>	<p>5</p>
<p><b>46. 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:</b></p>	<p>2</p>
<p><b>47. 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:</b></p>	<p>4</p>

<p><b>48. 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:</b></p>	<p>5</p>
<p><b>49. 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:</b></p>	<p>0</p>
<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>49. 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).</b></p>	<p>All documentation and interviews corroborated with the fact that the facility had not placed Inmates in Segregated Housing for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse.</p>
<p><b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>There were no identified issues associated with the selection and/or interviewing processes, as related to ensuring representation of TARGETED inmates.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>51. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>17</p>

<p><b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input 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><b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>There were no identified issues associated with the selection and/or interviewing processes, as related to ensuring representation of RANDOM staff.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></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><b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>26</p>
<p><b>56. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<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)

**60. 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 type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	2
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other



<p><b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>There were no identified issues associated with the selection and/or interviewing processes, as related to ensuring representation of SPECIALIZED staff.</p>
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**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.

<p><b>64. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**Was the site review an active, inquiring process that included the following:**

<p><b>65. 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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>66. 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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>68. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>All areas of the facility were accessible to the audit team with provision of a site map. The audit team conducted informal interviews with inmates and staff throughout the physical plant inspection, as well as during the course of the site review. During the physical inspection, as identified in the relevant Standard sections, the audit team noted posted numbers for the Agency Hotline and Rape Crisis Counselling service. The audit team was able appropriately to test the phone system functions and interpretation services.</p>
<p><b>Documentation Sampling</b></p>	
<p>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>	
<p><b>70. 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?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>Documentation, as requested, did not require oversampling of Inmates, Staff, Contractors and/or Volunteers. The auditor requested documentation corresponding to those Inmates, Staff, Contractors and Volunteers who had been interviewed (based upon random selection), such as to corroborate interview information.</p>

# 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.

### 72. 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
<b>Inmate-on-inmate sexual abuse</b>	7	0	1	6
<b>Staff-on-inmate sexual abuse</b>	13	1	3	9
<b>Total</b>	20	1	4	15

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	4	0	3	1
<b>Staff-on-inmate sexual harassment</b>	10	0	8	2
<b>Total</b>	14	0	11	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.

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	0	0	0
<b>Total</b>	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	2	5	0
<b>Staff-on-inmate sexual abuse</b>	1	3	9	0
<b>Total</b>	1	5	14	0

**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.

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	2	2	0	0
<b>Staff-on-inmate sexual harassment</b>	0	4	6	0
<b>Total</b>	2	6	6	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	15
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<p><b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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><b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>11</p>
<p><b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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><b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>7</p>
<p><b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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 harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></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>
<p><b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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>



<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	6
<b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<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)
<b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<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)
<b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	All investigatory files were made available upon upload, and by request. Additional files were uploaded upon completion. The auditor reviewed a sampling of files, as represented by the number of sexual abuse and sexual harassment investigations in each category of inmate on inmate and staff on inmate.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>95. 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.</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>95. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</b>	3

<b>Non-certified Support Staff</b>	
<p><b>96. 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.</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<b>AUDITING ARRANGEMENTS AND COMPENSATION</b>	
<p><b>97. Who paid you to conduct this audit?</b></p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input checked="" type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p><b>Identify your state/territory or county government employer by name:</b></p>	<p>California Department of Corrections and Rehabilitation</p>
<p><b>Was this audit conducted as part of a consortium or circular auditing arrangement?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <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>

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The auditor reviewed Nevada Department of Corrections (hereafter; NDOC) Administrative Regulation (hereafter; AR) Prison Rape Elimination Act AR – 421 (effective date: 08/30/2022); NDOC Southern Desert Correctional Center (hereafter; SDCC) Operational Procedure (hereafter; OP) 421 – Prison Rape Elimination Act – PREA (effective date: 05/12/2023); AR 421 PREA Manual Excerpts; NDOC PREA Posters (English &amp; Spanish versions); State of Nevada Department of Corrections (DOC) Memorandum (subject: Agency PREA Coordinator; date: 01/14/2021; signed: C. Daniels, Director, NDOC); and NDOC PREA Organizational Chart (date: February 2023) towards making compliance determinations for the provisions of this standard.</p> <p><b>Standard 115.11a:</b> NDOC has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment in the facilities it operates directly or under contract. NDOC AR 421 materially provided the Agency’s written policy mandating zero tolerance towards any form of sexual abuse and/or harassment. This AR included sanctions for those found to have participated in prohibited behaviors. As well, AR 421 provided a description of NDOC strategies and responses to reduce and</p>

prevent sexual abuse and sexual harassment of inmates.

AR 421 cited, "1. 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. Any staff member / contractor / volunteer who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be subject to disciplinary action and may be subject to criminal prosecution. The Department shall take a proactive approach regarding the prevention, detection, response, and punishment of any type of sexual contact. 2. The Department prohibits retaliation against any person because of his/her involvement in the reporting or investigation of a complaint."

The NDOC AR PREA Manual Excerpt: General Definitions included definitions of prohibited behaviors regarding sexual abuse and sexual harassment. AR 421 provided definitions for sexual abuse of an offender by another offender; sexual abuse of an offender by a staff member, contractor, or volunteer; sexual harassment offender on offender; and sexual harassment staff, contractor, or volunteer on offender.

The SDCC OP 421- Prison Rape Elimination Act - PREA, outlined how it implemented NDOC's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, by adopting, as written, NDOC AR 421, as stipulated by PREA Manual Excerpt, "1b. All facilities will incorporate the Department's 'Zero Tolerance' policy into applicable operational procedures."

Interviews with the NDOC Head Designee, PREA Coordinator, SDCC Warden and PREA Compliance Manager (hereafter; PCM), along with all randomly selected employees, contractors and volunteers supported their comprehensive understanding of NDOC's PREA AR towards 'zero tolerance' regarding sexual abuse and harassment. Each staff category effectively verbalized NDOC and SDCC's efforts, as related to prevention, detection, and response to any form of sexual abuse and/or harassment. Upon query, all interviewee expressed their responsibilities to immediately (i.e., meaning "...without delay") respond to and report all PREA-related incidents. Random SDCC offender interviews and site review observations (including PREA posters/pamphlets, completed PREA investigations, and informal discussions with both staff and inmates) provided support for the NDOC's commitment towards 'zero tolerance' of sexual abuse and sexual harassment.

**Standard 115.11b:** The auditor reviewed the NDOC State of Nevada Department of Corrections (DOC) Memorandum (subject: Agency PREA Coordinator; date: 01/14/2021; signed: C. Daniels, Director, NDOC); NDOC PREA Organizational Chart (date: February 2023), which demonstrated NDOC had designated and employed an upper-level, Agency-wide PREA Coordinator. AR 421 defined the PREA Coordinator as, "The Director will designate a department wide PREA Coordinator who will have sufficient time and authority to oversee the Department's efforts to comply with the PREA standards in all its facilities, including providing direction to all facility Wardens, Associate Wardens, and facility PREA Compliance Managers' efforts to comply with the PREA standards.

a. This position is assigned to the Office of the Inspector General, PREA Management Division, and supervised by the Inspector General. The PREA Coordinator will have direct access to the Director and the Department's executive leadership team.

b. The PREA Coordinator has the authority necessary to create and implement Department-wide policies, procedures, and practices.

c. The Department PREA coordinator or designee will act as the PREA liaison between the Department and outside agencies." NOTE: Hereafter, and throughout this PREA Audit Report, the auditor has referred to the Agency PREA Coordinator as the 'PREA Coordinator' in order to align with Federal PREA Standard language. Within the NDOC PREA Organizational Chart (February 2023), the Agency PREA Coordinator reported to the Office of the Board of Prison Commissioners - Inspector General.

Per the NDOC State of Nevada Department of Corrections (DOC) Memorandum, the PREA Coordinator, "...has the authority to oversee the agency's efforts to comply with the PREA standards for the agency and in all its facilities. [NP] This will include providing direction to facility Wardens, Associate Wardens, and PREA compliance managers. The PREA Coordinator has the authority necessary to create and implement agency-wide policies, procedures, and practices. 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."

During interview, the PREA Coordinator reported having sufficient time and authority to conduct responsibilities associated with the development, implementation, and oversight of PREA standards at all NDOC facilities. They indicated none of the facility PCMs directly reported to them. However, the PREA Coordinator endorsed routine communication with the PCMs (e.g., Zoom meetings, emailing, telephone calls, and in-person meetings for trainings and updates, etc.), and expressed being available for consultation, whenever needed.

The PREA Coordinator provided the auditor consultation, responses to questions, and updates via telephone and email regarding the PAQs prior to the SDCC onsite review. They were unavailable for the onsite portion of site review, secondary to budgetary constraints. However, the PREA Coordinator was present for contact throughout the site review. They also remained readily available to address the auditor's needs after the onsite audit. The PREA Coordinator was exceptionally responsive in addressing the auditor's questions and concerns. Per interview with the SDCC Warden and PCM, the PREA Coordinator had reliably served as a resource for any PREA-related issues faced by SDCC and they could be counted on for a timely response.

**Standard 115.11c:** SDCC had a designated PREA Compliance Manager (PCM), titled on the facility organizational chart as the same. AR 421 provided a description, as related to the PCM role, "421.03 FACILITY PREA COMPLIANCE MANAGERS

1. 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.

2. The PCM shall have comprehensive knowledge of the overall operations of the facility, and full access to all relevant information related to the facility's compliance with the PREA standards, policies, and procedures." The NDOC PREA Organizational Chart delineated the PCM reporting directly to the Warden - PREA Manager.

Furthermore, AR 421 PREA Manual Excerpt: 1.0 Prevention Planning cited,

"1. The Warden at each facility is responsible for designating a PREA Compliance Manager, (PCM) with sufficient time and authority to coordinate the facilities' compliance with the PREA standards. The PCM shall have direct access to the Warden, the facility's executive or senior leadership team, and the Department's PREA coordinator.

a. The PCM shall have comprehensive knowledge of the overall operations of the facility and the various divisions within the facility and full access to all relevant information related to the facility's compliance with the PREA standards, policies, and procedures.

b. All Wardens and PCMs will oversee adherence to all specific PREA-related rules, regulations, and practices at the institution or facility and document accordingly any need for adjustment and implementing adjusted policies, rules, and practices.

c. The institution and/or facility PCM shall ensure the Department's zero-tolerance policy and reporting information in the form of posters, flyers, and entrance authorization forms wherein signatures are required indicating an understanding of the policy is available and visible to all staff, contractors, volunteers, visitors, and offenders.

d. The PCM for each facility, under the direction of the Warden/designee, shall develop, annually review, and implement policies and practices in support of the Department's zero-tolerance policy, reporting practices, incident responses, screenings, training, and offender education."

During interview with the PCM, they reported having sufficient time and authority to coordinate SDCC's efforts towards compliance with PREA standards. Based upon the PCM's interview responses and the audit team's observations during site review, the designated PCM demonstrated awareness of PREA standards and provisions. They were able to describe their PCM responsibilities and express how they made efforts towards fulfillment of assigned duties. They endorsed appropriate use of the NDOC PREA Coordinator's expertise, as well as consultation with PCMs at like facilities when PREA-related concerns arose.

The PCM was present throughout the site review. They readily provided facility-related information during pre-audit contacts. During site review, the PCM was receptive to feedback and worked exceptionally well with the audit team. The PCM was also engaged in resolution of deficiencies and recommendations post-audit, readily

	<p>providing any requested information, as requested. The PREA Coordinator and SDCC Warden reported the PCM was continuously engaged in the facility’s PREA related efforts.</p> <p>Throughout the course of the pre-audit, onsite review, and post-audit processes, via formal and informal observations, it was evident that the PCM and PREA Coordinator continuously engaged in providing direction and appropriate guidance to SDCC, as related to NDOC’s PREA AR. Specifically, each were able to identify NDOC’s zero tolerance policy, to include prevention, detection, and response efforts towards sexual abuse and sexual harassment through effective implementation of PREA standards.</p> <p><b>No corrective action was required for this standard.</b></p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed AR 421 PREA Manual Excerpt: 1.0 Prevention Planning; and State of Nevada DOC Memorandum (subject: 115.12 – Contracting with other entities for the confinement with inmates; date: 01/28/2021; signed: D. Striplin, Agency PREA Coordinator) towards making compliance determinations with this standard.</p> <p><b>Standard 115.12a:</b> At the time of the previous SDCC PREA Audit (conducted in February of 2020; Audit Report dated: 09/18/2020) NDOC had one (1) contract with CoreCivic, Inc. in full compliance, pertaining to 115.12. Per the PAQ Memorandum, “(NDOC) had entered into a contract with CoreCivic, Inc. to house NDOC inmates at the Saguaro Correctional Center (SCC) in Eloy, Arizona. November 2020 all NDOC inmates housed at SCC were returned to NDOC. The contract has expired and will not be renewed. As such, standard 115.12 is not applicable.”</p> <p>Should 115.12a apply, AR 421 PREA Manual Excerpt: 1.0 Prevention Planning required, “1. 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. Requirements are further detailed in Administrative Regulation 212 – Contracts.”</p> <p>Interviews with the NDOC Contract Administrator and PREA Coordinator affirmed that upon initiation or renewal of any contract, they included language supporting 115.12a as a component of the contract. The NDOC Contract Administrator confirmed all contracts would be reconciled on a timely basis, which involved action by the PREA Coordinator. The PREA Coordinator affirmed their responsibility for and completion of this duty. However, both supported that NDOC currently was under no contractual obligations as required by 115.12a, as the Agency was not contracting for the</p>

confinement of its inmates with private agencies and/or other entities, including other government agencies. Based on the information, provided to and reviewed by the auditor, NDOC was judged to have materially met the provisions of standard 115.12a, as 'not applicable.'

**Standard 115.12b:** Per AR 421 PREA Manual Excerpt: 1.0 Prevention Planning, "1. 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. Requirements are further detailed in Administrative Regulation 212 - Contracts.

a. Any new contract or renewal shall provide for Department contract monitoring to ensure that the private agency or entity complies with PREA standards.

b. The Offender Management Division, PREA Correctional Casework Specialist III (CCSIII) is responsible for monitoring the contract for PREA compliance.

c. The CCSIII will notify and work collaboratively with the Department PREA Coordinator and provide on-site monitoring reviews, and final DOJ audit reports.

d. In the years when the contract facility is audited, the CCS will review the final audit report to ensure full compliance. In other years, monitoring may be done by conducting on-site inspections and reviewing documentation (e.g., assessments, case notes, offender, and staff training).

e. The CCSIII will provide written on-site audit checks and final audit determinations to the Department PREA coordinator."

The PREA Coordinator indicated responsibility for oversight of any contracted entity regarding fulfillment of audit processes and on-going monitoring, if necessary. The PREA Coordinator confirmed the performance of a CCSIII to complete this duty, providing affirmation of routine monitoring for contracted facilities designed to ensure any contracted site remained in full compliance with PREA standards with subsequent report to them regarding any issues of deficiency.

As NDOC had not entered into any new contracts since the prior audit (dated: 09/18/2020), as noted in 115.12a and stipulated in the NDOC Memorandum, this standard was judged materially met as 'not applicable.'

**No corrective action was required for this standard.**

<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



The auditor reviewed NDOC AR 326 Posting of Shifts/Overtime (effective date: 09/16/2014); AR 400 – General Security/Supervision Guidelines (effective date: 03/18/2013); AR 421 – PREA Manual Excerpt: 1.0 Prevention Planning; SDCC OP 326 – Posting of Shifts/Overtime (effective date: 06/07/2023); SDCC OP 400 – General Security Supervision (review date: 03/22/2018); NDOC Prison Rape Elimination Act (PREA) Annual Staffing Plan Review Form; SDCC Annual Staffing Plan Review (Calendar Year 2022); as well as sample Supervisory Unannounced Rounds towards making compliance determinations with the provisions of this standard.

**Standard 115.13a:** Per AR 421 PREA Manual Excerpt, “In conjunction with this manual and Administrative Regulation 326 Posting of Shifts/Overtime, all facility Wardens or designees shall develop, document, and make their best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- a. Generally accepted detention and correctional practices;
- b. Any judicial or Federal investigative agency findings of inadequacy;
- c. Any findings of inadequacy from internal or external oversight bodies;
- d. All components of the facility and applicable facility's physical plants, including identifying blind spots or areas where staff and/or offenders may be isolated;
- e. The composition of the offender population;
- f. The number and placement of supervisory staff on each shift;
- g. Facility programs and work assignments occurring on each shift;
- h. Any applicable State or local laws, regulations, or standards;
- i. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- j. Any other relevant factors.”

SDCC OP 326.01 provided specified, “Shift Hours of Operation” for A. Day Shift, B. Swing Shift, C. Grave Shift (each of A. B. & C. identified in 8-hour shift increments). Noting, “Associate warden responsible for operations may designate specific posts as ten (10) hour shifts based on needs of the institution.

SDCC provided the auditor with the documented Calendar Year 2022 Staffing Plan – Review and Summary (dated 11/14/2023). Per PAQ, the Staffing Plan was predicated on SDCC average daily capacity, which was legislatively driven at 1655 population (with operating capacity at 2184 offenders). The Staffing Plan carefully considered each of the eleven (11) criteria associated with 115.13a. Based upon the auditor’s review of the SDCC Staffing Plan, it was clear the facility had devoted substantial effort towards ensuring fidelity with standard provision compliance. In addition, during interview, the Warden, PCM, and PREA Coordinator each confirmed

consideration of the criteria for 115.13a during Annual Staffing Plan Reviews, which ensured coverage was identified with appropriately staffing the facility.

Based upon NDOC policy and process, the SDCC Staffing Plan conformed to the criterion of this standard provision, per the auditor's assessment of the documentation provided, as well as input gathered during interviews with participants who contributed to the Staffing Plan review, including the Warden, PCM, and PREA Coordinator.

Site Review:

The facility had implemented video camera surveillance as a tool to protect against sexual abuse. At the time of the site inspection, SDCC had located cameras strategically throughout buildings, laneways, outdoor areas, and within buildings, in order to provide best coverage over blind spots. The audit team inspected all areas of inmate access during the site review and viewed camera placement to be apparent in blind spots, as well as isolated and high traffic areas.

While conversations with the PCM, local IT, and the Warden indicated the facility had continuously and thoughtfully evaluated the use of video surveillance, each acknowledged the SDCC video monitoring systems were not integrated into a functional whole and some portions of the individual systems were outdated. Specifically, the kitchen/dining room had video monitoring that failed to function entirely, and other areas had video monitoring with technical issues (e.g., video recordings would 'glitch' and skip sections of recorded content; thereby rendering the system unreliable for monitoring purposes).

**Corrective Action Completed**

SDCC made meaningful steps towards resolution of video monitoring surveillance issues during the CAP. They identified video monitoring technical issues (i.e., systemic video monitoring technological failure and lack of video monitoring functionality in the kitchen/dining room) to be addressed. Via the ongoing SDCC designated CIP (Capital Improvement Project), the auditor was provided steps to be taken towards requisition of and securing funding. The auditor was provided a Memorandum continuously during the CAP documenting SDCC's progress towards addressing the video monitoring technology issue.

During the physical plant inspection, it was clear SDCC had devoted attention towards identifying "blind spots" and providing either camera monitoring, mirror coverage or entirely blocking off areas where offender access was unnecessary. Notwithstanding, during site review, issues were identified, as follows, which related to consideration of "blind spots" or areas of potential staff/inmate isolation and required remedy. NOTE: The facility demonstrated considerable effort during the post-audit period, prior to issuance of the Interim Report, resolving several identified issues, including the following:

- In the Maintenance Area there was a door between the Clerk's two offices, which created a blind spot. This door was removed while the team was on-site.

- The Staff Gym was left unsecured and created an area for potential isolation. The Staff Gym shall have an identified 'out-of-bounds' posting and the area shall be locked appropriately. Photographic evidence of the 'out-of-bounds' posting was provided to the auditor on 05/08/2024. In addition, an all-staff email announcement indicating the Staff Gym shall be secured at all times served as proof of practice, as provided to the auditor on 05/08/2024.
- Blinds in some areas provided areas for potential isolation. Blinds shall either be removed or 'zip-tied' at the bottom portion. Identified areas included Main Control (recommendation only), and Property Area Counselor's Office. Photographic evidence of correction to the Property Area Counselor's Office was provided to the auditor on 05/08/2024, and Main Control on 05/15/2024.
- The Property Area had an offender restroom with an offender bathroom that had an external solid door that posed an area for potential isolation. SDCC removed the door. Photographic evidence was provided to the auditor on 05/08/2024.
- The Medical Storage Area had areas of potential isolation and blind spots. Remedy required replacement of lights and installation of a mirror. Photographic evidence was provided to the auditor on 05/08/2024 to demonstrate replacement of the lights and installation of a half-moon mirror.
- The Psychiatrist Office was behind a solid door which provided an area of potential isolation. A similar door with a window was identified in the medical area to perform a 'swap'. Photographic evidence of installation of the door with the window in the Psychiatrist's office was provided to the auditor on 05/08/2024.
- In Unit 4 the Bathrooms were mislabeled and created an area of potential isolation. These bathrooms were appropriately labeled (i.e., Inmate and Staff). Photographic evidence was provided to the auditor on 05/08/2024.
- The Laundry Area had an Inmate Restroom with a window that could not be seen through creating a blind spot. This window was replaced with appropriate transparent plexiglass with half-coverage frosting. Photographic evidence was provided to the auditor on 05/08/2024.
- The Kitchen Area Inmate Restroom had foil over the window creating a blind spot. Foil covering was removed with photographic evidence provided to the auditor on 05/08/2024.
- The Chapel Area had a camera in the storage area that was misaligned creating a blind spot. This camera was appropriately aligned with camera angle photographic evidence provided to the auditor on 05/08/2024.
- The Muster Room Restrooms were unmarked and created an area for potential isolation. These bathrooms were appropriately labeled (designated as Men's Restroom and Women's Locker Room for Staff). Photographic evidence was provided to the auditor on 05/08/2024.
- In the 'Old Laundry Area', the Staff Restroom had a broken doorknob and lock

creating an area of potential isolation. This Restroom had a new doorknob and lock installed; ensuring removal of sliding lock located on the inside of the door. Photographic evidence was provided to the auditor on 05/08/2024.

- Stacked boxes in the central hallway of Unit 11B were creating blind spots. The boxes were removed with photographic evidence provided to the auditor of the central hallway clear of barriers on 05/08/2024.
- In the Canteen Area the back area was identified to have area of potential isolation. A mirror was mounted above the front canteen windows to capture the back of the canteen. Photographic evidence was provided to the auditor on 05/08/2024.
- In the Education Area there was an Inmate Bathroom with an external solid door that created blind spots. This door has been removed with photographic evidence provided to the auditor 05/15/2024.
- In the 'Old Laundry Area', the Boiler Room was not labeled creating an area for potential isolation. This door was appropriately labeled with photographic evidence provided to the auditor on 05/15/2024.
- In the Dry Warehouse Inmates were utilizing the Staff Bathroom as the Inmate Restroom was broken. The Inmate Restroom was repaired with email provided to the auditor on 05/15/2024 of the date repair was completed and offenders returned to utilizing assigned restroom as proof of practice (date: 05/08/2024).
- In the Culinary Arts the Restrooms were unlabeled created an area of potential isolation. These Restrooms were appropriately labeled 'Staff Restroom' and 'Out-of-Bounds' with photographic evidence provided to the auditor on 05/15/2024.
- Culinary Arts back loading dock has a blind spot. The facility determined how to best remedy this by installing 'out-of-bounds' signage on this area. Photographic evidence of corrective action was provided to the auditor on 05/15/2024.

**Corrective Action Completed:**

Given SDCC's tremendous efforts to resolve issues prior to issuance of the Interim Report, solely three (3) issues remained outstanding and resolved during the CAP, including the following:

- The Medical Isolation Restricted Area was unsecured and provided an area for potential isolation. The door to this area shall be closed and appropriately secured. The auditor received a photograph of the door closed on 05/08/2024. An email (dated: 10/23/2024) to associated staff directing them to continuously keep this door closed was also provided to the auditor.
- In the Hope for Prison Area two Inmate Restrooms have solid doors creating blind spots. Windows were installed with photographic evidence provided to the auditor on 07/05/2024.
- SDCC across the facility had serious issues associated with offenders placing

curtains, coverings, and what was known locally as ‘tenting’ on their doors and inside of their cells, which created areas of blind spots. The facility shall work diligently and provide the auditor with demonstrated efforts invested to decrease offenders ‘boarding-up’ of their cells. The facility implemented PREA unannounced rounds with fidelity, as documented in 115.15d, which demonstrated Supervisorial oversight of this issue in all units.

**Standard 115.13b:** Per AR 421 PREA Manual Excerpt, “In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.” Per PAQ, if documented, the six most common reasons for deviating from the staffing plan in the past 12 months: “There were no deviations at SDCC.”

AR 326 documented Emergency Operations protocol and identified processes for staffing patterns associated with meeting minimal requirements for officer and inmate safety. Specifically stating:

A. “Emergency operation staff is the staffing pattern that identifies posts that must meet minimal requirements for officer and inmate safety. This pattern will identify those posts that are critical for running a specific area of the institution.

B. An Associate Warden will create a written staffing pattern identifying additional specific posts within the institution either as pull or shutdown positions; this staffing pattern will prioritize these positions in the order they are to be pulled / shut down in the even of an emergency or staff shortage.

C. Staffing will also be evaluated as to the absolute minimum required to safely operate a particular shift.

D. It may be necessary to modify or cancel some activities as a result of emergency staffing. The Warden/Associate Warden will be notified of the cancellation of any activity or program.”

Based upon the review of the 2022 Calendar Year Review and Summary Staffing Plan at SDCC, there were no instances of SDCC falling below minimum staffing levels that resulted in the inability to fulfill their Staffing Plan. During interview with the Warden and PCM, they were both aware of the need to both provide documentation and justification of any situations that involved deviation from the staffing plan.

**Standard 115.13c:** Per AR 421 PREA Manual Excerpt, “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.

6. In February of each year, Wardens at all institutions and facilities shall complete the Annual Staffing Plan Review form, for the prior year, to determine whether adjustments are needed in the following areas:

a. The staffing plan

b. The deployment of monitoring technology.

c. The allocation of Agency/Institution or Facility resources to commit to the staffing plan to ensure PREA compliance.

7. On the last day of March each Warden shall submit a thoroughly completed Annual Staffing Plan Review to the Deputy Director of Operations. Once a completed Annual Staffing Plan Review has been received from each facility/institution, the Deputy Director of Operations, or designee, will forward the completed forms to the Agency PREA Coordinator.

a. Agency PREA Coordinator shall evaluate each plan, which shall include a discussion with the institution/facility staff and provide written results of the review to the institution/facility Warden or designee and the Deputy Director of Operations. This review shall be completed no later than thirty days from the date the forms were received by the PREA Coordinator.”

AR 236 further confirmed, “This Staffing Review will be submitted for all Institutions and Facilities in the manner described in AR 301, “Shift Bidding”, Section 301.01.”

The auditor was provided and reviewed the NDOC Prison Rape Elimination Act (PREA) Annual Staffing Plan Review Template, as completed by each Institution/Facility, which conformed to the requirements stipulated in 115.13.

During interview, the PREA Coordinator understood their responsibility to provide consultation to SDCC and all other NDOC facilities, at least annually, for the purpose of Staffing Plans. Discussion with the Warden and PCM, confirmed the PREA Coordinator’s established role, providing continuous oversight with regards to the annual Staffing Plan review.

Based upon review of the data provided, SDCC conducted an annual Staffing Plan review. The auditor reviewed the SDCC Staffing Plans, as provided, which conformed to completion of a staffing plan review, at minimum, on an annualized basis.

**Standard 115.13d:** NDOC AR 421 PREA Manual Excerpt stated, “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 offenders.

A. Such policy and practice shall be implemented for night shifts as well as day shifts.

b. Employees are prohibited from alerting other staff of the unannounced supervisor tours unless the tour is related to legitimate operational functions of the facility or institution.

c. All facilities shall implement policy and practice for supervisors to conduct regular tours of work and program areas with less supervision.

d. Supervisors will document unannounced rounds in the NOTIS shift log and/or in the housing unit, work, and program area logbooks.

e. Supervisors will use a red ink pen when documenting rounds in logbooks.

f. Supervisors of the opposite gender of offenders assigned to the facility are not exempt from the cross-gender announcement. Both cross-gender announcements and unannounced supervisor tours must be logged in NOTIS and/or unit logbooks.”

AR 400 cited, “3. Daily Administrative Officer Inspection Tours: A high priority will be placed in all Department institutions/facilities to ensure the visibility of top staff in the facility, where they are available to inmates, line staff, and mid-level managers for communication. Such actions will include, but are not limited to:

A. The Warden or Associate Wardens will visit all housing areas every 48 hours during the standard work week, including but not limited to PREA mandated unannounced rounds as designated by the PREA Manager guide;...

E. Supervisory staff will tour the entire facility at least once each shift every day, including weekends and holidays, including but not limited to PREA mandated unannounced rounds as designated by the PREA Manager (Warden).”

Furthermore, SDCC OP 400 indicated explicitly, “Per PREA 115.13 (d) 4: Staff are prohibited from alerting other staff of supervisor’s tours that are in progress.”

Interviews with SDCC Intermediate or Higher-Level Facility Staff indicated they were aware of their responsibility to conduct and document unannounced rounds. All were able to describe the NDOC Policy, prohibiting staff from alerting other staff in the facility about the occurrence of such rounding. They reported utilizing strategies to avoid routinizing their rounding processes, to include ensuring their presence in the housing areas was at different times of the day. Staff were also aware of the prohibition regarding alerting peers at the facility to the occurrence of unannounced rounds.

The PAQ included samples of logs from housing units across the review period. The audit team reviewed available logs by spot-checking log data, as available onsite (Note: logs were kept at the desk in the officer’s station). Based upon samples of unannounced rounds provided with PAQ and viewed during the onsite review, Intermediate and Higher-Level facility staff documentation of unannounced rounds was not consistently visible in the logs of the housing units. Specifically, the logs did not conform to unannounced rounds having been conducted per 115.13d requirements. Intermediate and Higher-Level supervisors were not occurring consistently. Frequently several days at a time were missing entries, documentation was illegible, information was incorrectly entered, and rounding was not randomized across all three (3) shifts. Despite Intermediate and Higher-Level Supervisors having indicated their awareness of this policy, in practice SDCC had not demonstrated institutionalization of this process.

**Corrective Action Completed:**

	<p>SDCC ensured higher level supervisors were retrained regarding the expectations for unannounced rounding, as well as logbook entries, and manualized the process. Two related components of the unannounced rounds process were incorporated and judged to be institutionalized at SDCC during the CAP, which included signatures in the logbook, as well as provision of an email to describe/summarize the tour process to a higher-level supervisor. The auditor was continuously provided a sampling of both emails and housing unit logbooks over the course of the CAP for review through achieving fidelity with the process, to ensure higher level supervisors were conducting and documenting unannounced rounds across day and night shifts.</p> <p><b>Corrective action was completed for this standard.</b></p>
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115.14	Youthful inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The auditor reviewed AR 421 PREA Manual Excerpt: 1.1 Youthful Offenders towards compliance determinations with the provisions of this standard.</p> <p><b>Standard 115.14 a-c:</b> Per the PAQ, SDCC facility rosters across the reporting period showed no occurrence of youthful offenders received and/or housed at the facility. Furthermore, in agreement with the facility’s stipulation, there were no youthful offenders observed by the audit team throughout the site review and interviews (informal and formal of both offenders and staff). This finding was consistent with the previous SDCC PREA Audit of February 2020. Based upon all information gathered, it appeared SDCC had not housed any youthful offenders throughout the current audit reporting period.</p> <p>Notwithstanding, NDOC had appropriate policy provisions in place to comply with 115.14 a-c. Such that, AR 421 PREA Manual Excerpt: 1.1 Youthful Offender reads, “1. The Offender Management Division (OMD) and facilities in conjunction with this manual and Administrative Regulation 502, Youthful Offender Classification, will implement policy and practice youthful offender (YO), defined by PREA as a person under the physical age of 18, 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.</p> <ol style="list-style-type: none"> <li>a. The policy and practice will include any areas outside of housing units that:</li> <li>b. Staff will maintain sight and sound separation between YO and adult offenders; or</li> <li>c. Provide direct staff supervision when YO and adult offenders have sight, sound, or physical contact.</li> </ol> <p>2. Any time the Department receives the notification of possible placement of a YO,</p>



	<p>special procedures will be enacted as previously developed by OMD and each impacted Division and facility Warden and PCM.</p> <p>3. During any type of transportation of the YO, the YO will be under the direct supervision of staff while around any offender over the age of 18.</p> <p>4. While housed at any institution or facility other than the designated and identified facility that currently maintains the male YO population, the YO will be housed in a manner that facilitates the requirements of this standard.</p> <p>a. The YO(s) will be moved to the dedicated facility and housing unit for the male YO population as soon as possible, depending upon the needs of the current housing facility and the Department.</p> <p>b. Any YO currently housed in the dedicated housing unit that turns 18, will be immediately removed from the dedicated unit and provided a classification review that will determine the best placement for that offender.</p> <p>c. Any movement of a YO from their current location will result in official notifications that will include the Department PREA Coordinator, facility staff, and OMD.</p> <p>d. Any notification of a pending female YO will be immediately reported to the OMD Chief, Deputy Director of Operations and Programs, FMWCC Warden, facility executive team, and, Department PREA Coordinator for housing arrangements.</p> <p>e. 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. Only exigent circumstances that are approved by the Warden and documented by the facility PCM shall be allowed; and</p> <p>f. Facilities will also, to the extent possible, provide other programs and work opportunities for YO(s)".</p> <p>The auditor judged the facility materially met the standard provisions as SDCC does not house, provide work opportunities, and/or programming placements to youthful inmates (i.e., inmates under the age of 18 years old).</p> <p><b>No corrective action was required for this standard.</b></p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The auditor reviewed NDOC AR 421 - Prison Rape Elimination Act (effective date: 08/30/2022); AR 492 - Inmate Body Cavity Searches for Contraband (effective date: 09/16/2014); AR 421 - PREA Manual Excerpt: 1.2 Limits of Cross-Gender Viewing and</p>

Searches; SDCC OP 422 – Search and Shakedown Procedure (effective date: 08/22/2017); SDCC OP 492 – Inmate Body Cavity Searches for Contraband (effective date: 06/19/2015); SDCC OP 420 – Transportation of Inmates (effective date: 06/19/2015); NDOC Standard Clothes Body Search; NDOC Daily Shift Log Activity Type: PREA – Female Entering Male Housing Unit samples; NDOC Universal Clothed (Pat) Search Training Acknowledgement Form; SDCC Training Spreadsheet (PREA); Universal Search Video; and NDOC Memorandum (subject: 115.15(f); date: July 23, 2021; signed: PREA Coordinator) towards making compliance determinations with the provisions of this standard.

**Standard 115.15a:** According to AR 421 PREA Manual Excerpt, “All institutions and facilities will have an operation procedure in accordance with this manual and Administrative Regulations (AR) 422, Search and Seizure Standards, AR 430 Transportation of Offenders, and AR 432 Transportation of Offenders for Medical Treatments, shall develop, implement, and annually review the policies and procedures supporting compliance with PREA cross-gender viewing requirements. Policies and procedures shall include but not be limited to the following requirements:

a. 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.”

SDCC OP 492 cited, “Any search of an inmate’s body cavity will be done in a manner consistent with compliance to the Prison Rape Elimination Act and the applicable standards...Any physical intrusion into an inmate’s body cavity must be performed by a physician or mid-level practitioner not employed by the Department.” Furthermore, SDCC OP 422 stated, “The Facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening), in accordance with PREA standard 115.15 (a).”

NDOC AR and OP stipulated SDCC would always refrain from conducting any cross-gender strip and/or cross-gender visual body cavity searches, except in exigent circumstances or as conducted by medical practitioners.

Per PAQ and onsite information there were no (0) cross-gender visual body cavity searches conducted at SDCC secondary to exigent circumstances during the reporting period. Interviews with the Warden, PCM, and Custodial staff indicated the SDCC team was aware of NDOC cross-gender strip and visual body cavity search restrictions. Furthermore, all random offender interviewees denied having been strip-searched by a custodial staff of the opposite gender.

**Standard 115.15b:** According to AR 421 PREA Manual Excerpt, “c. Opposite-gender supervisors, staff, or other nonmedical personnel should not be permitted to observe the conduct of the same-gender strip search or visual body cavity search, absent exigent circumstances...d. In cases where supervisors who are of the opposite gender to the offender being strip-searched, either live or via video monitoring, are required to supervise or observe the strip search, a privacy screen or other similar device to obstruct cross-gender viewing of an offender’s breasts, buttocks, or genitalia.” Per AR, NDOC would always refrain from conducting cross-gender pat-down searches of

female inmates, except in exigent circumstances.

Per PAQ and onsite review, SDCC did not house female offenders. Thus, this standard sub-provision is materially met as 'not applicable'.

**Standard 115.15c:** SDCC policy required all cross-gender strip searches and cross-gender visual body cavity searches be documented. AR 421 PREA Manual Excerpt cited, "b. 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...e. Each institution and facility, where applicable, shall have a policy requiring that all cross-gender pat-down searches of female offenders will be documented."

As stated above in 115.15b, SDCC no female offenders were housed at the facility. However, per the Warden, PCM, and as reflected by NDOC ARs, if a cross-gender body cavity search or a cross-gender pat-down search was to occur, per NDOC regulations, it would be documented as an incident in NOTIS. The facility reported during site review that neither (0) cross-gender body cavity searches of any offenders nor (0) cross-gender pat down searches of female offenders had occurred during the reporting period. During site review, SDCC identified areas where staff performed strip searches, and each area demonstrated appropriate privacy from cross-gender viewing.

**Standard 115.15d:** Per AR 421 PREA Manual Excerpt, "3. Each institution and facility shall implement policies and procedures that require an announcement when any person of the opposite gender enters an offender housing unit where there is not already another cross-gender staff present. Announcements must be documented in the NOTIS shift log and/or unit logbook.

a. Intermediate-level or higher-level supervisors who are the opposite gender of offenders assigned to the facility and performing the unannounced supervisory rounds are not exempt from the cross-gender announcement and documentation requirement.

4. The policies and procedures implemented for cross-gender viewing and searches will also allow offenders to shower, perform bodily functions, and change clothing without a non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except:

a. In exigent circumstances that are subsequently reported to the Warden/designee and PCM documented in NOTIS; or

b. When such viewing is incidental to unit tours and routine cell checks.

5. Suicide watch and cross-gender viewing: The institution or facility shall have a policy and procedure in place that enable an offender on suicide watch to avoid exposing themselves to nonmedical opposite-gender staff. The institution or facility procedures shall adopt one or more of the following options:

- a. Substituting same-gender correctional staff or medical staff to observe the periods when an offender is showering, performing bodily functions, or changing clothes.
- b. If the suicide watch is being conducted via live video monitoring, by digitally obscuring an appropriate portion of the cell.
- c. Any privacy accommodation must be implemented in a way that does not pose a safety risk for the individual on suicide watch.
- d. If an immediate safety concern or offender conduct makes it impractical to provide same-gender coverage during a period in which the offender is undressed, such isolated instances of cross-gender viewing do not constitute a violation of the standards. Any such incidents should be rare and shall be documented in NOTIS using incident type "PREA Institution", and sub-incident type "Cross-Gender Viewing".

6. Investigations and cross-gender viewing: To maintain the ability to conduct thorough and effective investigations and incident reviews involving sexual abuse, sexual harassment, and other misconduct, Inspector General Investigators and designated facility custody supervisors are not prohibited from viewing any cross-gender recorded camera footage in conjunction with an investigation.

a. If made aware before reviewing recorded camera footage that an offender was unclothed in an area where the offender should have been clothed, supervisors or staff who are of the opposite gender of the offenders assigned to the facility shall attempt to have a staff of the same gender as the offender view recorded camera footage for incident review.

b. Cross-gender viewing will be documented in NOTIS using incident type "PREA Institution," and sub-incident type "Cross-Gender Viewing."

Furthermore, SDCC OP 492 cited, "Southern Desert Correctional Center shall enable inmates to shower, perform bodily function and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to room checks (this includes viewing via video camera)." SDCC OP 430 stated, "11. All inmates returning from transport will be unclothed body searched by a minimum of one member of the transportation team who is of the same sex as the inmate, in accordance with PREA standard 115.15a. Inmates identifying themselves as Transgender or Intersex will have their unclothed body search conducted out of view from other inmates and view from the opposite gender. PREA 115.15(d) 1[sic] prior to being released to their respective housing units."

SDCC OP 422 delineated, "In accordance with PREA standard 115.15 (d) 1: Staff of the opposite gender shall announce their presence when entering/re-entering an inmate housing unit." The facility provided a summary of NOTIS Activity Type: PREA - Female Entering Male Housing Unit for the reporting period (01/01/2023 to 12/30/2023), which was reviewed by the auditor.

During on site review, the audit team observed staff of the opposite gender

announcing their presence prior to unit entry. Informal interviews with both offenders and staff conducting during the physical site inspection confirmed these announcements occurred even when the auditor was not present. In addition, SDCC offenders reported they were able perform bodily/hygiene functions without being viewed by staff of the opposite gender (with the exception of incidental viewing).

In addition, the audit team viewed cameras with consideration for areas in which offenders would be in any manner of undress. The team noted there were cameras in the dorm housing units; however, local procedures prohibit offenders from changing clothes in their housing and instead require them to change in the shower areas. The auditor ensured no cameras displayed the possibility of viewing offenders while toileting, showering, or changing clothes by viewing the camera output. The auditor noted that such camera coverage did not have the potential for direct viewing into the latrines and/or shower stalls. There were cameras in areas designated as 'suicide-safety', which had the lenses partially blocked such that the areas of toileting were unable to be viewed on the camera. Concerning access to viewing the camera output, there was no designated post associated with constant video stream observation. Furthermore, no gender restrictions were in place for the purpose of viewing cameras. However, as noted, no cameras were located where offenders would be in any manner of undress; thereby, eliminating the potential for cross-gender viewing.

During site review, the audit team identified four (4) areas with the potential for cross gender viewing. Two (2) of which were resolved prior to issuance of the Interim Report.

- The Dining Room Area had a strip search area without signage indicating strip search was in progress. Photographic evidence of this signage in place was provided to the auditor on 05/08/2024.

- The Gymnasium had a urinal near the 'Over 40' Gym Area that created the potential for cross gender viewing. A ½ wall was installed in this area with photographic evidence provided to the auditor on 05/15/2024.

**Corrective Action Completed:**

- Suicide Safety Cells #3 and #4 in Medical previously had a magnetic strip which was posted across the window to prevent cross gender viewing; however, the strip was unable to be located upon the site review. The facility replaced the strips and provided a memorandum as evidence to the auditor on 10/23/2024.

- Cells across Units 2, 3, 4, 5, 6 & 7 in A, B & C Wings pose cross gender viewing concerns directly from the centralized hallway of each Wing. The toilet was located on the back wall of the associated cells and the windows mounted on the cell doors in such a manner such that cross gender viewing could occur. A strip of frosting mounted on the lower section of the window (approximately four (4") inches in height from bottom of the window) would prevent the potential for cross gender viewing. The facility provided the auditor a Memorandum continuously throughout the CAP regarding updates related to the frosting of the windows across all identified Units & Wings. The project in these units remains ongoing; therefore, the facility was unable

to provide photographic evidence, along with Memorandum supporting completion of all identified Units & Wings. The auditor accepted a Memorandum (dated: 10/23/24 with secondary clarification of language Memorandum provided 12/05/2024) stating, the facility will implement this corrective action into practice upon entering the junction of the project where they shall frost the windows.

**Standard 115.15e:** According to AR 421 PREA Manual Excerpt, “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.” SDCC OP further cited, “No Officer shall conduct a clothed body search of a transgender or intersexual inmate for the sole purpose of determining an inmate’s genital status, in accordance with PREA standard 115.15.e.”

Per the PAQ, no (0) such searches, as prohibited by description in 115.15e, had occurred at SDCC during the audit report period. All Random staff interviews acknowledged awareness of this NDOC policy, supporting the staff’s understanding of the prohibition from conducting searches and/or physical examinations for the sole purpose of determining an inmate’s genital status. In addition, all Random staff denied having performed such a search or having been directed to do so. All transgender and/or intersex individuals interviewed during the review denied having been subjected to a search and/or physical examination for the sole purpose of determining their genital status.

Based upon NDOC AR and OP and interviews with SDCC staff, as well as transgender offenders, the auditor judged the facility to have complied with the prohibition against searching and/or physically examining a transgender and/or intersex offender for the sole purpose of determining their genital status. Furthermore, the facility had policy and process in place, which was known to staff, to determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning such information as part of a broader medical examination conducted in private by a medical practitioner.

**Standard 115.15f:** NDOC has policy to train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Per AR 421 PREA Manual Excerpt, “All custody staff are required to conduct pat-down searches and shall receive training on how to conduct cross-gender pat-down searches for all offenders (universal pat search), and searches of transgender and intersex offenders in a professional, respectful, and least intrusive manner possible consistent with the security needs of each facility and facility.

a. Custody staff shall receive this training during the new hire Basic Training Academy, and

b. Annual In-Services Defensive Tactics Training.”

The auditor also reviewed NDOC Memorandum (subject: 115.15(f)), which stated, “All custody staff receive training on the agencies Universal Pat Search procedure. This

	<p>style of pat search is conducted in the same fashion for all inmates utilizing back of the hand/blade of the hand around the breast/chest area.”</p> <p>The PAQ included confirmation that all relevant staff at SDCC had been trained 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 auditor was provided and reviewed the NDOC Standard Clothed Body Search Handout, along with the NDOC Universal Clothed (Pat) Search Training Acknowledgement Form, which were judged to conform to the requirements for 115.15f. The auditor also reviewed the Universal Search video, and SDCC Training Spreadsheet (PREA). The training video provided appropriate content and the SDCC Training Spreadsheet demonstrated substantial compliance with training. Compliance Reports for Training as provided by SDCC, demonstrated all required custody staffing to have participated in the relevant training. In Random staff interviews, each were able to note receipt of this training and knowledge of how to perform the same.</p> <p><b>Corrective action was completed for this standard.</b></p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed NDOC AR 511 - Inmate Orientation Program (effective date: 12/17/2012); AR 658 - Reasonable Accommodation for Inmates with Disabilities (effective date: 05/15/2018); AR 421 - PREA Manual Excerpt: 1.3 Offenders with Disabilities and Who are Limited English Proficient; SDCC OP 511 - Inmate Orientation Program (effective date: 06/18/2015); PCM Email Correspondence (subject: 115.16 and 115.33; from: PREA Coordinator); Department of Health and Human Services Communication (subject: Sign Language Interpreting; date: 07/22/2021; signed: Administrator, Aging and Disability Services Division); CAS Interpreting Service: Aging and Disability Services Division Interpreter Request Form; Language Link Interpretation &amp; Translation Language Lists; NDOC Contract with Language Link (expiration: 09/30/2023); NDOC Contract with American Sign Language Communication (expiration: 03/31/2026); NDOC PREA Offender Education (English &amp; Spanish formats); PREA Orientation Handout (Spanish version); Ending Silence Don't Touch Me: Demanding Safety from Sexual Abuse (© 2014) towards making compliance determinations with provisions of this standard.</p> <p><b>Standard 115.16a:</b> AR 421 PREA Manual Excerpt stated, “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. Those offenders identified as</p>

possibly being impacted are offenders that are or have:

- a. Deaf or hard of hearing;
- b. Blind or have low vision;
- c. Cognitive impairment;
- d. Intellectual, psychiatric, or speech disabilities;
- e. Physical disabilities; and/or
- f. Limited English Proficient (LEP)."

In addition, 421 stated, "The institution or facility PCM or designee will document and maintain the Department standardized tracking log for offenders who fall into the categories referenced above in paragraph."

AR 658 delineated, "PREA reporting and/or follow-up with any PREA concerns", to fall under the purview of access to auxiliary visual, hearing aids and services with assistance from the ADA Coordinator and medical staff to ensure effective communication was achieved. In addition, AR 511 cited, "The Department's orientation plan will ensure that: A. Written orientation materials, with translations in an inmate's first language, are provided where practical. B. When a literacy problem exists, a staff member will assist an inmate in understanding the material."

NDOC provided the auditor with NDOC PREA Offender Education (English & Spanish formats); PREA Orientation Handout (Spanish version); Department of Health and Human Services Communication (subject: Sign Language Interpreting; date: 07/22/2021; signed: Administrator, Aging and Disability Services Division); NDOC Contract with American Sign Language Communication (expiration: 03/31/2026); Language Link Interpretation & Translation Language Lists; and NDOC Contract with Language Link (expiration: 09/30/2023; NOTE: the Agency was working on contract renewal; while continuing to utilize the service while on an expired contract). The auditor reviewed these translation services and noted them to provide interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The methods utilized would also benefit individuals with speech difficulties by way of providing written notes. The auditor also received the booklet, Ending Silence Don't Touch Me: Demanding Safety from Sexual Abuse (© 2014), which would assist in provision of services to individuals with cognitive, intellectual and psychiatric impairments.

Based upon review, the auditor determined NDOC and SDCC have provided appropriate policy and process to ensure offenders with disabilities have an equal opportunity to participate in and benefit from NDOC's PREA-related efforts, to include prevention, detection and response to sexual abuse and sexual harassment. This included steps to ensure the provision of written materials in formats or methods that ensure effective communication with each categorical group, as listed in 115.16a.

**Standard 115.16b:** NDOC took 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. SDCC OP 511 cited, "Every attempt must be made to insure inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts." These steps included providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. As cited above, in AR 421, NDOC will provide offender education in formats accessible to all offenders, including those who are LEOP. AR 421 further stated, "2. 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. 3. All institutions and facilities will have procedures for utilizing the Department contract language bank and will ensure that staff have sufficient knowledge and information related to the procedures for accessing interpretive services. a. Instructions for using the Department contracted Language Line service shall be accessible to: 1) Custody supervisors; 2) Case management staff; 3) Medical and Mental Health Practitioners; 4) IG Investigator. 4. Institutions and facilities will have written materials in various formats or methods that allow for and ensure effective communication with all offenders, including those with the disabilities outlined above are available through contracted translation services."

In addition, NDOC provided the auditor with a copy of the Language Link Interpretation & Translation Language Lists; NDOC Contract with Language Link (expiration: 09/30/2023); and NDOC Contract with American Sign Language Communication (expiration: 03/31/2026), as well as request for access Department of Health and Human Services Communication with CAS Interpreting Service: Aging and Disability Services Division Interpreter Request Form. These translation services provided access to a large number of languages for translation to be provided telephonically to the facility and in-person for American Sign Language (ASL). NDOC PREA information had been translated into Spanish format and available at SDCC. The auditor received copies of these translated versions.

During site inspection, NDOC PREA materials were visible throughout the institution in poster and brochure (available in both English and Spanish accessible formats). Individuals incarcerated at SDCC received the PREA materials in their Orientation Packet upon intake. If the offender required materials in Spanish, staff were to provide them such and show the orientation video in Spanish within orientation timelines. During randomized interviews with staff, they were largely able to identify the facility's translation services and knew how to access interpreters. The LEP-identified inmates interviewed as related to this provision expressed having appropriately received materials in Spanish and being provided necessary translation services for PREA-related content.

Taken together, documents as cited above and information gathered during site review, it was clear the Agency had available, identifiable steps in Policy to ensure that inmates with limited English proficiency, including needs for ASL, had an equal opportunity to engage in and benefit from all elements of the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This included

	<p>assurance of effective communication by format and method.</p> <p><b>Standard 115.16c:</b> NDOC always refrained 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, which SDCC OP 511 stated explicitly. Per AR 421 PREA Manual Excerpt, “Staff shall not use and/or rely upon offender interpreters, offender readers, or other types of offender assistants.”</p> <p>Per the PAQ, there were no (0) instances of the use of offender interpreters in the performance of First Responder’s duties during the reporting period at the facility. During Random Staff Interviews, all were aware that offender translators were not permitted to assist with PREA-related reporting or assistance. With prompting, most were able to express offender peers may be utilized to assist in exigent and/or emergency circumstances until an appropriate mode of translation was secured.</p> <p><b>No corrective action was required for this standard.</b></p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed NDOC AR 42 – Prison Rape Elimination Act (effective date: 08/30/2022); AR 421 – PREA Manual Excerpt: 1.4 Hiring and Promotion Decisions; NDOC AR 300 – Recruitment and Hiring (effective date: 08/30/2017); NDOC DOC 1957: New Hire &amp; Promotional Candidate PREA Questionnaire (revised: 01/2023); NDOC DOC 1952: Contractor and Volunteer PREA Questionnaire (revised: 01/2023); NDOC Prison Rape Elimination Act Zero Tolerance Policy and Reporting; NDOC Prior Confinement PREA Background Check; 5 year Background NCIC Check SDCC Spreadsheet; Background Check samples; as well as Scope of Work (SOW) and Deliverables for the Statewide Conservation Camp Program (Attachment A) &amp; Contract (dated: 12/14/2021) with NDOC Memorandum (subject: 115.17 Hiring and Promotions (a); dated: 02/15/2023) towards making compliance determinations with the provisions of this standard.</p> <p><b>Standard 115.17a:</b> NDOC prohibited 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). NDOC prohibited 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. NDOC prohibited the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity</p>

described in the two items immediately above.

NDOC prohibited 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). NDOC prohibited 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. NDOC prohibited 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 item immediately above.

AR 421 and AR 421 PREA Manual Excerpt cited, "421.04 HIRING AND PROMOTION DECISIONS

1. The Department shall not hire or promote anyone who may have contact with offenders,

and shall not enlist the services of any contractor [or volunteer; AR 421 PREA Manual Excerpt] who may have contact with offenders who;

A. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility; juvenile facility, or other confinement 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 in the above paragraph."

The auditor reviewed DOC 1952 (Contractors and Volunteers) and DOC 1957 (New Hires and Promotions), which required individuals to respond to related questions with affirmative or negative responses. DOC 1957 cited, "I affirm that all my responses are true and complete to the best of my knowledge. I also understand that providing false or misleading statements, including material omissions regarding such misconduct shall be grounds for termination of the conditional offer of employment or offer for promotion will be rescinded." DOC 1952 cited, "I affirm that all my responses are true and complete to the best of my knowledge. I also understand that providing false or misleading statements, including material omissions regarding such misconduct shall be grounds for denial of my application."

The NDOC Human Resources Administrator affirmed the process, as indicated above, was in place. Evidence as provided with personnel packets (i.e., hiring/promotion of employees and contractors, as well as securing of volunteers), staff (Specialized and Random) interviews, and documents reviewed were judged to demonstrate that SDCC complied with this provision.

**Standard 115.17b:** NDOC considered any incidents of sexual harassment in

determining whether to hire or promote anyone, including contractors, who may have contact with inmates. AR 421 PREA Manual Excerpt stated, "The Department shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor, who may have contact with offenders."

Interviews with the NDOC Human Resources Administrator supported consideration was given to any prior incidents of sexual harassment when determining whether to hire, promote, or enlist services of staff or contractors who may have contact with inmates. In addition, DOC 1952, as reviewed in 115.17a, required contractors to provide information as related to, "having ever: engaged in sexual harassment of any person in the community or confinement setting." Evidence contained within personnel packets, staff (Specialized and Random) and contractor interviews, as well as documents reviewed indicated SDCC complied with this provision.

**Standard 115.17c & d:** Before hiring new employees, who may have contact with inmates, NDOC performed a criminal background records check. As well, before hiring new employees who may have contact with inmates, NDOC, consistent with Federal, State, and local law, made 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. In addition, NDOC performed a criminal background record check before enlisting the services of any contractor who may have contact with inmates.

AR 421 PREA Manual Excerpt stated, "2. Before hiring new employees, who may have contact with offenders Human Resources (HR) 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.
- c. When requested by other institutional employers, the Department will provide information on substantiated allegations of sexual abuse...

4. The Department shall also perform a criminal background record check before enlisting the services of any contractor employee who may have contact with offenders."

AR 300 stated, "The Inspector General's Office, Prison Rape Elimination Act (PREA) Management Team, is responsible for confirming and documenting within NOTIS any positive responses resulting from criminal background records checks for all new applicants, promotions and required employment background checks." The auditor was provided with and reviewed NDOC Prior Confinement PREA Background Check, which was the form provided for NDOC interagency reporting in of prior sexual abuse and/or sexual harassment allegations.

Per AR 126, "Any outside contractor, vendor, employee or volunteer associated or working in conjunction with a community group who have direct contact or control of inmates are responsible to be notified of and acknowledge the NDOC PREA zero tolerance policy and may require a background check and training as appropriate." In addition, the auditor reviewed the NDOC Security Regulations and Acknowledgement (Contractors) which assured, "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...Background checks will be renewed each year to ensure both the NDOC and contractor have the most up-to-date information."

In consideration of volunteers, "AR 802 cited, "3...All persons selected to volunteer within the Department must pass the mandated Prison Rape Elimination Act, (PREA), related background check, as defined under PREA Standard 115.17 and conducted by staff of the Office of the Inspector General."

Upon interview, the Human Resources Administrator acknowledged part of hiring requirements included a background record check for both employees and contractors prior to staff initial appointment or rehire. They also assured facility procedures included consideration of prior incidents of sexual abuse and/or sexual harassment when hiring or promoting anyone, as well as when enlisting the services of a contractor. They recognized the responsibility to make best efforts to contact all prior institutional employers regarding information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse prior to any staff initial appointment or rehire. However, the upload provided did not demonstrate consistent record provision for all individuals, with one (1) noted, "No FBI Response".

**Corrective Action Completed:**

- The facility shall worked with Human Resources to reconcile hiring practices and ensure all new applicants have appropriate criminal records checks performed prior to hire. The process was documented by Memorandum and provided to the auditor on 06/18/2024.

**Standard 115.17e:** NDOC either conducted 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. Per AR 421 PREA Manual Excerpt, "The Department will conduct criminal background records checks at least every five years of current employees and contractors who may have contact with offenders."

All employees criminal background records were checked by the Office of the Inspector General via the NCIC (National Crime Information Center) database. Based upon PAQ upload, which included a Spreadsheet of all SDCC employees, along with randomly selected employees provided with PAQ and upon those requested during site review, all met criteria for this standard sub-provision, and had a criminal record check conducted within the five (5) year record review period. All employee records are checked on the date of hire and then on the same date within a five (5) year

period on a revolving basis, thereby capturing employees on a continuous basis.

**Standard 115.17f:** NDOC asked all applicants and employees who may have contact with inmates directly about previous misconduct described in 115.17a of this section in written applications or interviews for hiring or promotions; any interviews or written self-evaluations conducted as part of reviews of current employees; and NDOC imposed upon employees a continuing affirmative duty to disclose any such misconduct. AR 421 PREA Manual Excerpt cited, “6. 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.

7. All staff have an affirmative and immediate duty to disclose any sexual abuse conduct.”

The Human Resources Administrator confirmed every applicant must respond to all questions pertaining to 115.17a, as supplied to them upon initial hire New Hire & Promotional Candidate PREA Questionnaire. The Human Resources Administrator also confirmed employees’ responsibilities to both respond truthfully and maintain a continuing affirmative duty to disclose any misconduct. Random staff interviews confirmed their understanding of such responsibility. The Hire & Promotional Candidate PREA Questionnaire contained the following language, as cited above, “I affirm that all my responses are true and complete to the best of my knowledge. I also understand that providing false or misleading statements, including material omissions regarding such misconduct shall be grounds for termination of the conditional offer of employment or offer for promotion will be rescinded.”

Through auditor’s review of staff documents, they inconsistently found responses documented for relevant staff files (i.e., specifically those promoted following implementation of the PREA Standards). Relevant files, particularly those pertaining to promotions, did not appear to have responses as related to secondary requisition of PREA Questions contained.

**Corrective Action Completed:**

- The facility worked with Human Resources to ensure PREA Questions are being utilized appropriately, for both new applicants and current employees, to include promotional candidates. This practice was documented by Memorandum as provided to the auditor on 06/18/2024.

**Standard 115.17g:** NDOC considered material omissions regarding such misconduct, or the provision of materially false information, grounds for termination. Per AR 421 PREA Manual Excerpt, “Any material omissions or false or misleading information shall be grounds for termination.”

The Human Resources Administrator confirmed awareness that failure to divulge criminal and material omissions regarding misconduct (as cited in 115.17a) or the provision of false information shall be grounds for termination (as cited in 115.17f). Random staff interviewed understood providing false information, failing to divulge

	<p>criminal acts, and/or materially omitting elements on the Hire &amp; Promotional Candidate PREA Questionnaire and/or failing to engage in the affirmative duty to report would be grounds for termination.</p> <p><b>Standard 115.17h:</b> NDOC provided 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. AR 421 PREA Manual Excerpt stated, “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>The Human Resources Administrator expressed NDOC provided 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. Such information may be communicated Warden to Warden, while the agency provided NDOC Prior Confinement PREA Background Check, as related to conveyance of this information in the recruitment process to Human Resources. Applicants were made aware of this stipulation via the application process.</p> <p><b>Corrective action was completed for this standard.</b></p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed State of Nevada DOC Memorandum (subject: Standard 115.18 (b) - 1 Upgrades to Facilities and Technology; date: 01/12/2024; signed: R. Oliver, Warden SDCC/TLVCC); and AR 421 PREA Manual Excerpt: 1.5 Upgrades to Facilities and Technologies towards making compliance determinations with the provisions of this standard.</p> <p><b>Standard 115.18a:</b> When NDOC designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, they considered the effect of the design, acquisition, expansion, or modification upon the Agency’s ability to protect inmates from sexual abuse. AR 421 PREA Manual Excerpt: 1.5 cited, “When the Department is designing or acquiring any new institutions or facilities or planning any substantial expansion or modification to existing facilities the Director, Deputy Director(s), and designees shall consider the effect of the design, acquisition, expansion, or modification on the agency’s ability to protect offenders from sexual abuse.”</p> <p>Despite the PAQ having indicated there was no had been no design, acquisition, expansion, and/or modification requests identified at SDCC during the period since</p>

the prior audit had taken place in February of 2020, during site review there was a location identified which met criteria for 115.18a. Specifically, this was an area identified as “Hope for Prisons”, which was under construction at the time of the site review. There were areas identified with potential blind spots (as noted in 115.13); however, as a new construction, the entire space requires a review by the PCM in order to ensure compliance with PREA standards.

### **Corrective Action Completed**

- The PCM toured the “Hope for Prisons” construction site and certified compliance with PREA standards. Upon identifying any necessary items for remedy and assurance that corrective processes were in place, the PCM memorialized this via Memorandum of Certification, ensuring compliance with all PREA Standards had been met in the “Hope for Prisons” area and provided this to the auditor (dated: 10/23/2024).

Interviews with the NDOC Head, Warden, PREA Coordinator and PCM identified their awareness of NDOC and SDCC’s needs to consider elements of 115.18a, as related to design or acquisition of new facilities and/or planned substantial expansion or modification of existing facility-based infrastructure.

**Standard 115.18b:** When NDOC installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, they considered how such technology may enhance the Agency’s ability to protect inmates from sexual abuse. AR 421 PREA Manual Excerpt: 1.5 cited, “When installing or updating any video monitoring system, electronic surveillance system, or other types of monitoring technology, the Department shall consider the technology and how it may enhance the Department's ability to protect offenders from sexual abuse.”

As provided to the auditor by NDOC Memorandum, “In reference to PREA standard 115.18, below is a list of all the video monitoring systems at Southern Desert Correctional Center that have been installed and/or updated since that last PREA Audit in 2020.

- Control: 4 cameras, viewed from control desk, all recordable, all functional, just added new 32 in monitor. All analog cameras.
- Visitation: 15 total cameras, viewed from the station in rear area of visitation, all recordable. Note: 1 camera located in the visiting waiting room, all functional. Currently the camera in visiting waiting room was removed. All analog cameras.
- Infirmary: 18 total cameras, viewed from infirmary officer bubble, all recordable, all functional. Note: 2 cameras in holding cells partially blocked for PREA compliance on 3/9/20. All analog cameras.
- Education: 19 total cameras, viewed from Education officer bubble, IP cameras, all recordable.
- Culinary arts: 6 total cameras, viewed from officer office, all recordable, all functional. All analog cameras.



- Maintenance: 6 total cameras, viewed from maintenance office, all recordable, all functional. All analog cameras.
- Gym: 7 total cameras, viewed from coaches' office, all recordable, all functional. Note: 1 camera added on 3/10/20. All analog cameras.
- Culinary A/B/ Laundry: 70 total cameras, IP cameras 2 non-functional, viewed from culinary officer bubble. Note: Memory unit has failed so currently none of these cameras are recordable. At this time many of the camera bubbles need cleaning and the bubbles on the outside cameras are sandblasted and will need to be replaced.
- Culinary C/D/ Chapel: 17 total cameras, all fully functional and recordable at this time. Note: the 2 cameras in the culinary strip out area were intentionally disabled. Note: Added 1 monitor in Chaplin's office to view area behind stage for PREA compliance on 4/7/20. All analog cameras.
- Common Fare area: 4 analog cameras, viewed from culinary manager office, all recordable, all functional. Also 4 IP cameras, viewable from same location as Unit cameras, all recordable, all functional. Awaiting blessing from rabbi to use IP cameras and discontinue using analog cameras. Note: been waiting approximately 3 years.
- Units 1,3,4,5,6: 7 cameras per unit, viewable from electronics office, maintenance office, A WO office, 2 computers in investigator office, LT office, 2 computers in shift command office. IP cameras, all recordable, all functional. Note: Due to licensing issues there are several of these that we cannot monitor. They are Unit 1 outside Unit 4 A-wing, B-wing outside and 1 of the rotunda cameras.
- Unit 2: 5 total cameras, viewable from same locations as other unit cameras, IP cameras. All recordable, all functional. Note: due to licensing issues 1 of the rotunda cameras are not viewable.
- Unit 8: 6 total cameras, viewable from officer bubble, all recordable, all functional.
- Culinary Arts: 6 total cameras viewable from the officer's office in culinary arts. All recordable, all functional. All analog cameras.”

At the time of the site review, SDCC had cameras strategically located throughout buildings in order to provide the best coverage over blind spots. Cameras were located, as described above, in all housing units, as well as inmate programming and service areas, to include, education, kitchen/dining room, maintenance, culinary arts, recreation, and visiting room. While there was video monitoring equipment located in housing units, none bore the potential for cross gender viewing based upon placement. The auditor was able to ascertain no video surveillance was directed into areas where offenders may be visible in any manner of undress to perform bodily functions and/or for hygiene purposes (e.g., showering, toileting) based upon viewing the camera location and associated video footage. The one-on-one medical cell had a portion of the camera blocked out where the toilet area was such that the offender in cell could change clothes (Standard 115.15).

The audit team inspected all of the aforementioned areas during the site review and camera placement was apparent in blind spots and isolated areas. Concerning who had access to viewing the camera output, there were camera stations located throughout the facility in designated security offices. None of the camera output areas had staff assigned for constant video stream observation purposes. The facility had no imposed gender restrictions of staff assigned to posts for the purpose of viewing cameras. However, as noted, no cameras were located positions where offenders would be in any manner of undress; thereby, creating no potential for cross-gender viewing. Designated staff could access archived footage captured from the cameras with video footage.

Upon site review, conversations with the PCM, local IT, and the Warden indicated the facility continuously and thoughtfully evaluated the use of video surveillance. However, each acknowledged the SDCC video monitoring systems were not integrated into a functional whole and some portions of the individual systems were outdated. The kitchen/dining room had video monitoring that failed to function entirely and other areas had video monitoring with technical issues (e.g., video recordings would 'glitch' and skip sections of recorded content; thereby rendering the system unreliable for monitoring purposes). This issue has been addressed as a corrective action in 115.13.

During interview with the NDOC Head, Warden, PCM, and PREA Coordinator, each made clear that NDOC and SDCC considered how such technology may enhance their ability to protect inmates from sexual abuse. They also all indicated that NDOC and SDCC looked at areas with increased PREA allegations to determine the best places to deploy resources should access to additional cameras become available. Each indicated awareness of PREA requirements for video monitoring and expressed application of knowledge gained through PREA reviews when designing and implementing projects.

**Corrective action was required for this standard.**

115.21	Evidence protocol and forensic medical examinations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed NDOC AR 421 - Prison Rape Elimination Act (effective date: 08/30/2022); AR 117 - Sexual Assaults (effective date: 07/13/2022); AR 421 PREA Manual Excerpt 2.0 Responsive Planning Evidence Protocol and Forensic Medical Examinations; SDCC Operational Procedure 432 - Transportation of Inmates for Medical Treatment (effective date: 08/15/2016); as well as 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 U.S. Department of Justice Office on</p>

Violence Against Women (August 2013); A National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents (2nd Edition; April 2013); State of Nevada Memorandums (subject: 115.21(c) – Evidence protocol and forensic medical examinations; date: 05/05/2021; signed: Agency PREA Coordinator) (subject: 115.21 (c) (e) and 115.53 Victim Advocacy (a) (b); date: 09/14/2022; signed: Agency PREA Coordinator) (subject: 115 (d, e) Evidence protocol and forensic medical examinations; date: 05/05/2021; signed: Agency PREA Coordinator); Contract between the State of Nevada Department of Corrections and Signs of Hope (SOH) (dated: 05/31/2023); Advocacy Request Form (Spanish & English); Advocacy Flyer (Spanish & English) towards compliance determinations with the provisions of this standard.

**Standard 115.21a:** NDOC was responsible for investigating allegations of sexual abuse. NDOC followed a uniform evidence protocol that maximized the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Per AR 421, “The Department Office of the Inspector General Criminal Investigators is responsible for investigating all allegations of staff on offender sexual abuse and sexual harassment and offender on offender sexual abuse. A. Investigators assigned to investigate allegations of sexual abuse or sexual assault shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.”

NDOC Policy dictated the Office of Inspector General (OIG) would conduct all SDCC criminal and administrative sexual abuse investigations. The OIG Investigators were trained to utilize the requirements from manuals: 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 U.S. Department of Justice Office on Violence Against Women (August 2013); and A National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents (2nd Edition; April 2013) to follow uniform evidence protocol while conducting a sexual abuse investigation.

Throughout the course of interviews, all Investigators, Random, First Responders and Medical staff interviewed were able to accurately describe NDOC’s uniform evidence protocol, aimed to maximize the potential to obtain useable physical evidence towards administrative and criminal prosecution of sexual abuse investigations. Staff articulated their first and primary duty would be to ensure the safety of the alleged victim, by establishing separation (in all forms; physical, visual, auditory) from the alleged abuser. Staff indicated they would then immediately notify a higher-level supervisor (qualified upon query to mean as soon as establishing the alleged victim’s security) and seal-off the location of the incident as a crime scene. All staff expressed awareness that investigation of PREA allegations required specialized training and indicated they would not proceed in the investigation of the PREA-related crime scene with the exception of Investigators who were trained to do so. None of the staff, as described above, indicated they would independently proceed in initiating a PREA investigation. Instead, they appropriately identified OIG-Investigations staff, to be the contact for sexual abuse investigations.

**Standard 115.21b:** SDCC did not house youthful offenders, as described in 115.14. However, the NDOC protocol was developmentally appropriate for youth, where applicable. Per the PREA Manual Excerpt 2.0, “The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be 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.”

In addition, per the PREA Manual Excerpt 2.0, “As required by Nevada Revised Statute (NRS) 432B.220, all reports of sexual abuse of a Youthful Offender (YO), will be reported through established protocols to Child Protective Services.”

As noted in 115.21a, OIG utilized the protocol above to follow uniform evidence protocol while conducting any sexual abuse investigation. Investigators were aware of this requirement.

**Standard 115.21c:** NDOC offered all victims of sexual abuse access to forensic medical examinations, at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations were performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs could not be made available, the examination was performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams). NDOC has documented its efforts to provide SAFEs or SANEs.

Per PREA Manual Excerpt 2.0, “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.

- a. Sexual abuse forensic exams will be conducted at a hospital or medical facility outside of the facility, without financial cost, where evidentiarily or medically appropriate.
- b. If a SAFE or SANE cannot be made available, the examination can be performed by other qualified medical practitioners outside of the facility.
- c. All forensic medical examinations that are done by someone other than a SANE of SAFE shall be documented.”

NDOC Memorandum indicated, “The State of Nevada only has two geographical locations where incarcerated offenders who report an allegation of sexual abuse requiring a sexual assault forensic examination are transported to. Depending on the geographical location of the facility the offender would be transported to a hospital in Las Vegas [as relevant to SDCC]...Southern Nevada SANE/SAFE: [Named] – Sexual Assault Nurse Examiner; 702-383-3922; sanelasvegas@gmail.com.” This contact identified the primary community health care facility identified to provide forensic medical examinations to any SDCC alleged victims of sexual abuse, as designated.

During interview, the SANE interviewee acknowledged agreement with the facility's disclosures, including twenty-four (24) hour, seven (7) days per week on-call SAFE/SANE service provision, and delivery of forensic examination related services free of cost to the offender. They indicated SANEs were appropriately trained. Per the SANE, emergency treatment for the alleged victim would be triaged with forensic medical examination made available as quickly as possible by a trained SANE.

Per the PAQ and auditor's review of the sexual abuse investigation conducted during the review period, there were no (0) sexual abuse incidents that met requirements for provision of a SAFE/SANE forensic exam during the reporting period. The audit team confirmed this information upon interview with the SANE representative. This individual stated to the best of their knowledge no (0) SANE/SAFE forensic examinations occurred, or referrals were placed by SDCC during the reporting period. Therefore, there were no documented instances of SDCC's efforts to provide SAFE/SANE contacts.

**Standard 115.21d:** NDOC attempted to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center was not available to provide victim advocate services, NDOC made available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. NDOC had documented its efforts to secure services from a rape crisis center.

AR 421 PREA Manual Excerpt 2.0 cited, "The Department shall attempt to make available to the victim a victim advocate from a rape crisis center and will document efforts to secure services from a rape crisis center. Any services offered to offender victims from an outside agency shall not be connected to a law enforcement agency and at a comparable level of confidentiality as a nongovernmental entity that provides similar victim services." As noted individuals from SDCC would be transported to a hospital facility in Las Vegas for a SAFE/SANE examination, and per Memorandum, "As part of the agency and facility coordinated response protocol, the incident command supervisor will contact Sexual Assault Support Services or Las Vegas Rape Crisis Center to ask that a victim advocate responds to the exam site if available [Note: Las Vegas Rape Crisis Center has been rename Signs of Hope]".

NDOC made attempts to consistently make available to the victim a victim advocate from a rape crisis center, whether by phone or in-person. As the Agency always makes a victim advocate from a rape crisis center available to victims, the provision query regarding the Agency making available qualified staff members from the community or Agency was judged to be met materially as 'not applicable'. Notwithstanding, NDOC provided a listing of three (3) SDCC/TLVCC Mental Health staffing who could assist as 'qualified staff members' should a rape crisis advocate not be available.

A signed contract between Signs of Hope and the NDOC was provided to the auditor for review, which met provisions required to demonstrate documentation of the Agency's agreement. Furthermore, Memorandum provided demonstrated the process by which offenders would request advocacy for the following:

- Provide support at the hospital during a forensic medical examination; (if applicable)
- Accompany victim(s) during investigative interview(s); and/or
- Provide emotional support, crisis intervention, information, and referral(s).

Per PAQ, no (0) forensic examinations had been performed during the reporting period; and therefore, SDCC had no demonstrated need for presence of a victim advocate present for SAFE/SANE purposes. The audit team's contact with the SOH supported there were no (0) specific requests and/or referrals from SDCC for victim advocacy service provision during the reporting period at a SANE examination. There had been one contact for victim advocacy unrelated to a SAFE/SANE examination, which had been accomplished effectively per SOH approximately a year and a half prior, which fell outside of the reporting period.

**Standard 115.21e:** As requested by the victim, NDOC ensured the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanied and supported the victim through the forensic medical examination process and investigatory interviews. In addition, as requested by the victim, NDOC ensured this person provided emotional support, crisis intervention, information, and referrals.

AR 421 PREA Manual Excerpt cited, "As requested by the victim, the victim advocate will accompany the offender victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals." Furthermore, this process was explained to offenders by way of the Advocacy Posters and Request form both available in English and Spanish.

The SOH has trained and specially designated advocates who are able to respond to the community health care facility upon transfer of an incarcerated survivor for a forensic medical examination and to respond to the facility, when available (while periodically telephonically), for investigatory interview processes. Per interview with the SOH representative, they agreed to the understanding of victim service provision for SDCC offenders at the designated hospital and SDCC locations, both to include relevant community hospital and onsite/telephonically at the institution. During interview with SOH Advocate, they expressed that rape victim advocates are able to both respond to the hospital and engage in follow-up care with offenders at the facility, as needed. They also expressed understanding and agreement with responsibilities of a rape crisis advocate, to include, as requested by the victim and as applicable, provision of emotional support, crisis intervention, related information, and appropriate referrals. The SANE representative was also aware of the alleged victim's right to have a rape crisis advocate present.

During Random and Specialized interviews, offenders believed they could reach out and receive victim advocacy support whenever needed. Specifically, some indicated they could request counseling through mental health, if desired. Most indicated they could request access to this information from their counselor or other SDCC staff, if required. However, only a few offenders were readily able to proffer the terminology,

“rape crisis/victim advocate”.

**Standard 115.21f:** NDOC was responsible for investigating all allegations of sexual abuse. Therefore, the agency was responsible for investigating administrative or criminal allegations of sexual abuse and does not rely on another agency to conduct these investigations. This standard was met as materially ‘not applicable.’

**Standard 115.21h:** While NDOC always makes available a victim advocate for the purposes of 115.21, should NDOC use a qualified agency staff member or a qualified community-based staff member for the purposes of 115.21 provisions, they screened the individual for appropriateness to serve in this role and ensured they received education concerning sexual assault and forensic examination issues in general.

NDOC as noted engaged the SOH with a contract and has been partnered with SOH to always make a victim advocate from a rape crisis center available to victims at the designated SANE/SAFE location for forensic examination provisions and at the facility (in-person or telephonically). Therefore, the auditor judged this standard provision to be met materially as ‘not applicable.’

Notwithstanding, NDOC had Mental Health staff trained locally who could meet this standard sub-provision should a rape crisis advocate not be available, and the auditor was provided with their names as well as appropriate training. The PREA Coordinator was aware of this requirement. Of note, such a circumstance had not arisen at SDCC during the reporting period.

**No corrective action was required for this standard.**

115.22	Policies to ensure referrals of allegations for investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed NDOC AR 457 - Investigations (effective date: 10/15/2013); NDOC AR 421 - Prison Rape Elimination Act (effective date: 08/30/2022); AR PREA Manual Excerpt: 2.0 Responsive Planning Evidence Protocol and Forensic Medical Examinations; SDCC OP 457 - Investigations (review date: 05/28/2016); SDCC OP 708 - Referral for Criminal Prosecution (review date: 06/18/2015; as well as Offender on Offender Sexual Abuse &amp; Sexual Harassment Allegations Tracking Report; Staff on Inmate Sexual Abuse &amp; Harassment Allegations Tracking Report towards compliance determinations with the provisions of this standard.</p> <p><b>Standard 115.22a:</b> NDOC ensured an administrative or criminal investigation was completed for all allegations of sexual abuse and/or sexual harassment. AR 421 stated, “The Department Office of the Inspector General Criminal Investigators is responsible for investigating all allegations of staff on offender sexual abuse and sexual harassment and offender and offender sexual abuse...The Warden or designee</p>

is responsible to assign a facility supervisor who has completed specialized training to conduct offender-on-offender sexual harassment investigations as assigned by the Office of the Inspector General.” The aforementioned NDOC AR ensured completion of administrative or criminal investigation for all allegations of sexual abuse and sexual harassment. Furthermore, AR 547 stated, “The Inspector General is responsible for conducting or assigning investigations related to PREA, criminal activity by or on behalf of inmates, other incidents, and staff misconduct accusations.” SDCC OP cited, “Criminal and administrative investigations shall be completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct).” Noting, SDCC OP 708 stated, “Violations which should be considered for referral for prosecution include but are not limited to:...- Sexual assault/abuse/harassment (including inmate on inmate sexual abuse or harassment) in accordance with PREA 115.22 (b) 1.”

Per interview with the PREA Coordinator, NDOC tracked and investigated all PREA-related cases. Per the PCM, the facility documented all sexual abuse and sexual harassment referrals at the local level by logs, which were reviewed by the auditor with the PAQ. The PCM was responsible to upload all PREA allegations to the NDOC electronic system. By logs the facility and Agency could track and review all allegations, including closures and outcomes. The PREA Coordinator made Agency-wide aggregated results available through the PREA Annual Reports based upon the tracked allegation information. The auditor reviewed SDCC Investigation documentation and NDOC website PREA report publications of associated Agency documents towards making compliance determinations with this standard provision.

The Warden responsible for oversight of the investigation of PREA allegations at SDCC and OIG Supervisor responsible for oversight of investigatory information at the Agency-level were both aware completion of investigation must occur in all cases of sexual abuse and sexual harassment. Furthermore, all SDCC staff interviewed, during Specialized and Randomized Interviews, knew their responsibility to report all allegations of sexual abuse and/or sexual harassment.

During the review period, per PAQ, interview reports, and logs received, SDCC initiated investigations in all cases received (thirty (30) at the time of PAQ). Based upon site and documentation review there was no evidence to indicate an investigation, either administrative or criminal, failed to have been opened when a PREA allegation was received at SDCC during the reporting period. Fifteen (15) cases remained open per PAQ, pending completion of investigation; therefore, not all thirty (30) cases had been closed at the time of the audit review. This was not secondary to the agency’s failure to ensure an administrative or criminal investigation was completed for all allegations of sexual abuse and/or sexual harassment, but instead, as a result of failure to complete investigations in a timely fashion. Thus, this issue has been addressed in 115.71 as a corrective action.

**Standard 115.22b:** NDOC had policy and practice in place to ensure that allegations of sexual abuse or sexual harassment were referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. AR 421 PREA Manual Excerpt stated, “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.” NDOC’s Office of the Inspector General (OIG) is responsible for conducting administrative and criminal investigations (as stated in 115.21a), as related to PREA allegations. Per AR 457, “3. The IG or designee shall be immediately notified of PREA related or serious incidents involving suspected criminal activity by inmates, staff, or outside parties; or serious violations of Department policy.” NDOC also ensured to document all such referrals, as noted in the logs provided to the auditor.

During interviews with the designated OIG Investigator, they acknowledged being responsible for conducting administrative and criminal investigations. They endorsed PREA allegations were all completed by OIG staff that were deemed potentially criminal in nature. All OIG investigators were required to have appropriate investigatory training. The OIG Investigator understood their obligation to thoroughly document any PREA allegations during the investigative process and ensure to follow each investigation through to conclusion.

Documentation was maintained in the logs with the Investigative File, including details not limited to the date and time of referral, assigned case number, and assigned investigator. Thereby, the Investigative File provided documentation of the law enforcement referral, as the Agency OIG.

NDOC had published such policy on its website. The publicly available NDOC PREA website: Office of the Inspector General PREA Management Division further described such policy, as related to requirements for PREA investigation completion. The information was available at: Prison Rape Elimination Act Management Division | Nevada Department of Corrections (nv.gov). NDOC had published both the Agency’s Policy and supporting documentation regarding the referral of sexual abuse and sexual harassment allegations for investigation (both criminal and administrative), as well as retaliation resulting from reporting such incidents on the NDOC PREA website. The auditor reviewed the NDOC website, which included information about processing of administrative and criminal PREA allegations. The NDOC website was a publicly available platform, which the auditor visited in April of 2024 and confirmed was public and available.

**Standard 115.22c & d:** NDOC was responsible for conducting both administrative and criminal investigations, per policy and practice, via the OIG. Therefore, standard sub-provisions 115.22c & 115.22d were materially met as ‘not applicable’.

**No corrective action was required for this standard.**

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The auditor reviewed NDOC AR 421 Prison Rape Elimination Act (effective date: 08/30/2022); AR 360 – Correctional Employee/Officer Basic Training Program (effective date: 09/16/2014); AR PREA Manual Excerpt; SDCC OP 421 – Prison Rape Elimination Act – PREA (effective date: 05/12/2023); NDOC Staff, Contract Employee & Volunteer Training PREA (05/2022); NDOC PREA Training Acknowledgement Forms with samples; and SDCC Training Spreadsheet towards making compliance determinations with the provisions of this standard.

**Standard 115.31a:** NDOC trained all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment. NDOC also trained 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; inmates’ right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the 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.

Per AR 421, “The Employee Development Division (EDD), with input from the PREA Coordinator, will develop, revise, and provide a block of instruction to all staff on the requirements and responsibilities related to PREA. The instruction will include, at a minimum:

- a. The Department Zero tolerance policy for sexual abuse and sexual harassment;
- b. How to fulfill their requirements under the Department sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- c. Offender’s rights to be free from sexual abuse and sexual harassment;
- d. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- e. The dynamics of sexual abuse and sexual harassment victims;
- f. The common reactions of sexual abuse and sexual harassment victims;
- g. How to detect and respond to signs of threatened and actual sexual abuse;
- h. How to avoid inappropriate relationships with offenders;
- i. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming offenders; and

j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.”

The auditor reviewed the NDOC Staff, Contract Employee & Volunteer Training PREA (05/2022), along with NDOC PREA Training Acknowledgement Form, which both contained the relevant training components. The NDOC PREA Training Acknowledgement Form provided signature with date to stating, “I understand training provided for the following provisions”, to include all training elements identified above. Through responses during Randomized Staff Interviews and training record review, the auditor confirmed that SDCC had appropriately implemented the training components as defined in 115.31a.

**Standard 115.31b:** Such training from 115.31a was tailored appropriately at NDOC to the gender of the inmates at the employee’s facility as the training was gender-inclusive (including both male and female inmate content). Therefore, employees received all required training with the NDOC PREA trainings provided, and did not need to be retrained if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.

AR 421 stated, “All staff will receive training on communicating with all offenders and shall use gender neutral terms such as referring to offenders by their last name.” Such training at SDCC was appropriately tailored to the gender of the inmates at the employee’s facility, including male and transgender/intersex directed content [NOTE: SDCC housed male and trans-female offenders]. The NDOC training was Gender Responsive Training and including PREA related content for both sexes. As the NDOC training was gender-inclusive, employees therefore, would not be required to receive additional training if reassigned from a facility that houses only female inmates to SDCC that houses only male inmates.

The 2022 NDOC supported PREA lesson plan, as assessed by the auditor, included gender specific content. Random Staff Interviews also substantiated receipt of PREA gender-inclusive training, as related to both males and females, as well as effective communication with the transgender and intersex population upon initial entry at pre-service training to NDOC and on an annualized basis at SDCC.

**Standard 115.31c:** All current NDOC employees who may have contact with inmates received such training. NDOC provided 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. In years in which a NDOC employee does not receive refresher training, NDOC provided refresher information on current sexual abuse and sexual harassment policies. As stated in AR 421 PREA Manual Excerpt, “At a minimum 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.

a. In-service refresher training will be provided during in-class instruction or web-based computer training.”

	<p>During interview Randomized Staff Interviews indicated receipt of PREA training on an annualized basis via IST and LMS modules. The auditor also received a copy of the SDCC Employee Training Completion Report 2023 Manuscript with PREA Coursework, which provided completion dates associated with staff roster. Solely staff away on leave and those who were identified as new hires had not completed NDOC PREA Training.</p> <p><b>Standard 115.31d:</b> NDOC, per policy, documented, through employee signature or electronic verification, that employees understand the training they have received. Per AR 421 PREA Manual Excerpt, “b. EDD will maintain a negative tracking report and provide a copy to facility Wardens to ensure staff has completed PREA training.</p> <p>c. EDD 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.” The auditor reviewed the PAQ uploaded NDOC PREA Training Acknowledgement Form, which conformed to these requirements.</p> <p>Randomized and Specialized Staff Interviews indicated each had received annual and timely training. However, the auditor requested documentation review of a randomly sampled set of employees, who had been interviewed while onsite. Relevant files did not contain completion of current PREA training (seven of twenty-one files provided; 7/21), on file. Instead, NDOC PREA Training Acknowledgement Forms were out of date or provided for the wrong training (e.g., Equal Employment Opportunity; Sexual Safety).</p> <p><b>Corrective Action Completed:</b></p> <ul style="list-style-type: none"> <li>- The facility initiated a process to ensure documentation was gathered for NDOC PREA Training Acknowledgement Forms. The auditor was provided with copies of NDOC PREA Training Acknowledgement Forms for relevant employees who receive SDCC PREA Training during the CAP to ensure institutionalization of process on a continuous basis. Training remained ongoing through the calendar year, and the auditor was provided a Spreadsheet with the institutional process of completion.</li> </ul> <p><b>Corrective action was completed for this standard.</b></p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The auditor reviewed NDOC AR 212 - Contracts (effective date: 03/07/2017); AR 802 - Community Volunteer Program (effective date: 10/15/2013); AR 126 - Interagency Cooperation (effective date: 09/16/2014); AR 421 - Prison Rape Elimination Act (effective date: 08/30/2022); AR 421 - PREA Manual Excerpt: 3.1 Volunteer and</p>

Contractor Training; SDCC OP 421 – Prison Rape Elimination Act – PREA (effective date: 05/13/2023); NDOC: Attachment A; NDOC: Prison Rape Elimination Act Zero Tolerance Policy and Reporting Form; NDOC: PREA Employee Training Acknowledgement Form; and NDOC samples of volunteer/contractor PREA packets towards making compliance determinations with the provisions of this standard.

**Standard 115.32a:** NDOC 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. Per 421 PREA Manual Excerpt, “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 their responsibilities under the Department’s zero-tolerance policy and procedure.” AR 126 ensured the same. AR 421 furthered, “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. 1. In those cases, involving a contractor who may have slight or no contact with an offender, supervision of the contractor will be maintained the full time the contractor is present in any facility, will be notified of the Department’s zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment.”

The auditor had reviewed the relevant NDOC PREA Training. The material was judged to provide the group noted with their required responsibilities towards NDOC’s sexual abuse and sexual harassment prevention, to include prevention, detection, and response policies and procedures. Per PAQ, SDCC currently had 153 individuals trained under the volunteer and contractor protocol. Volunteers and contractors, as interviewed, were able to effectively state their responsibilities associated with 115.32a.

**Standard 115.32b:** All volunteers and contractors who have contact with inmates been notified of NDOC’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). Per AR 421 PREA Manual Excerpt, “The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with offenders. At a minimum, all volunteers and contractors who may have contact with offenders shall be notified of the Department’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.” Both AR 802 and AR212 confirmed the same.

Nevada Department of Corrections Prison Rape Elimination Act Zero Tolerance Policy and Reporting Form, as reviewed by the auditor, provided contractors and volunteers with an understanding of NDOC’s zero-tolerance of sexual abuse and sexual harassment policy. As well, NDOC PREA trainings described prevention, detection, responding and reporting of such incidents.

	<p>Interviews with on-site contractors and volunteers (telephonically) confirmed they had received PREA trainings through NDOC. Each were able to articulate NDOC's zero-tolerance policy towards sexual abuse and sexual harassment, as well as how to report any PREA-related incidents. As described in 115.32a, NDOC has considered the level and type of training provided to volunteers and contractors based upon the services they provide and level of contact they have with inmates.</p> <p><b>Standard 115.32c:</b> NDOC maintained documentation confirming that volunteers and contractors understand the training they have received. Per 421 PREA Manual Excerpt, "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." AR 421, stated, "Each volunteer or contractor shall acknowledge and certify to the NDOC, through signature or electronic verification, that they understand the training they received."</p> <p>NDOC maintained documentation to confirm volunteers and contractors understood the NDOC PREA Policy and PREA-related training they received, via the PREA Training Acknowledgement Form. The PCM, as well as facility contractors and volunteers confirmed the practice of maintaining documentation, as applicable to NDOC supported PREA training for all contractors and volunteers. Per PAQ, all facility contractors and volunteers had received the appropriate PREA training. The auditor received a comprehensive list of all approved volunteers while onsite. On-site sampling with documentation provided as proof of practice for contractor and volunteer PREA Training transcripts also showed full compliance with those requested.</p> <p><b>Corrective action was not issued for this standard.</b></p>
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The auditor reviewed AR 421 - PREA Manual Excerpt: 3.2 Offender Education; AR 658 - Hearing Impaired Inmates (effective date: 01/14/2016); SDCC OP 511 - Inmate Orientation Program (effective date: 06/18/2014); SDCC OP 421 - Prison Rape Elimination Act - PREA (effective date: 05/12/2023); NDOC Memorandum (subject: 115.33(b) - Offender Comprehensive Education; NDOC PREA Offender Education (English &amp; Spanish versions); NDOC PREA Offender Education - Large Font (English &amp; Spanish versions); NDOC PREA Posters (English &amp; Spanish versions); NDOC PREA Offender Education Acknowledgement (English &amp; Spanish versions); Ending the Silence: Don't Touch Me (for Male Inmates); NDOC Offender PREA Education Facilitator Guide; and NDOC SDCC Inmate Orientation Handbook towards making compliance determinations with the provisions of this standard.</p>

**Standard 115.33a:** During intake, SDCC inmates received information explaining NDOC's zero-tolerance policy regarding sexual abuse and sexual harassment. During intake, SDCC inmates received information explaining how to report incidents or suspicions of sexual abuse or sexual harassment. Per AR 421 PREA Manual Excerpt, "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." SDCC OP 511 stated, "The completion of the orientation program should occur:

- Within one (1) week after arrival for transfers and returnees.
- Within four (4) weeks after arrival for new admissions.

SDCC OP 421.06 cited, "During initial reception, all offenders transferring to SDCC will receive information explaining NDOC zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment by the Reception Caseworker.

A. Offenders shall watch the 15-minute education video.

B. Receive the Orientation handbook.

C. Access to utilize the Braille Handbook if visually impaired."

Offenders arriving at SDCC initially receive PREA information in NDOC poster format, available throughout the intake area at SDCC, explaining NDOC's zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment, as well as contact victim advocacy support. During site review, the audit team confirmed evidence of these posters in the intake area and throughout the facility.

In addition, immediately upon arrival, SDCC provided inmates the NDOC PREA Offender Education and the NDOC SDCC Inmate Orientation Handbook in their intake packet. These materials, as reviewed by the auditor, clearly contained information detailing NDOC's zero-tolerance policy. They also included multiple resources (internal and external to the facility) to report sexual abuse and sexual harassment. The offenders who participated in interview (Random and Specialized) confirmed receipt of NDOC's zero-tolerance policy information regarding sexual abuse and sexual harassment upon arrival to SDCC.

**Standard 115.33b:** Within 30 days of intake, NDOC provided comprehensive education to inmates either in person or through video regarding: their rights to be free from sexual abuse and sexual harassment; and their rights to be free from retaliation for reporting such incidents; NDOC policies and procedures for responding to such incidents. Cited in AR 421 PREA Manual Excerpt, "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. The block of education will include:

- a. Their rights to be free from sexual abuse and sexual harassment;
- b. Their rights to be free from retaliation for reporting such incidents; and
- c. The policies and procedures for responding to such incidents.”

Additional PREA Education included, per NDOC Memorandum, “In addition to providing offenders with written PREA education and orientation handout, all offenders will view the Impact Justice/Just Detention Offender education PREA video. This video is available for the auditor to review onsite.”

An audit team member observed and reviewed the intake process with the Intake Specialist. They affirmed upon arrival offenders were provided with the SDCC intake materials, of 115.31a, which contained relevant PREA information, inclusive of this standard provisions. The Handbook and NDOC PREA Offender Education, as noted, stated NDOC’s zero tolerance policy towards sexual abuse and sexual harassment, as well as material regarding inmate’s rights to be free from sexual assault/rape, sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents or behavior, along with NDOC policies and procedures for responding to sexual abuse, sexual assault/rape, sexual harassment or sexual misconduct. During Orientation, PREA zero-tolerance policy and reporting mechanisms were included. The offenders were then shown the NDOC-supported PREA video, which they had already viewed at least once upon entry to an NDOC Intake Center. The verbal and video portions of this Orientation Session stipulated NDOC’s zero-tolerance policy; the offenders’ rights to be free from sexual abuse and sexual harassment; rights to be free from retaliation for reporting such incidents; as well as NDOC policies and procedures for responding to such incidents. The PREA information session also provided opportunities for offenders with information regarding victim advocacy, and to participate in a question/answer session.

All offenders interviewed, including both categories of Random and Specialized, endorsed having received an Orientation Session regarding PREA immediately upon arrival to SDCC. They each agreed that discussion during this session included NDOC’s zero tolerance policy, their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, and NDOC policies and procedures for responding to such incidents.

**Standard 115.33c:** All NDOC inmates received the comprehensive education referenced in 115.33b. NDOC inmates also received 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. As noted, in 115.33a & b, AR 421 stipulated all inmates receipt of comprehensive PREA education as referenced in 115.33b and ensured receipt of education upon subsequent transfer to a different facility or to community confinement facilities to address the extent that policy and procedures may differ from those of the prior facility.

During Random & Specialized Interviews, the inmates recalled having received an the NDOC PREA Offender Education/NDOC SDCC Orientation Handbook and/or having viewed the NDOC posters, which included information regarding NDOC’s zero



tolerance policy and associated reporting processes within their SDCC intake period. All inmates interviewed expressed they had participated in a timely intake process, during which they had viewed the NDOC PREA video and been provided with information regarding NDOC's zero tolerance policy, as well as reporting mechanisms for sexual abuse or sexual harassment. Randomized and Specialized interviewees were each able to articulate in general fashion NDOC's zero tolerance policy, describe a variety of reporting mechanisms, and reported that Comprehensive PREA Offender Education was received well within a week, generally within hours, of their arrival to SDCC. During interview with the Intake Specialist, they explained confirmation of the offenders' understanding of Comprehensive PREA education (i.e., NDOC video and presentation) was part of the Orientation session (with signature on the NDOC PREA Offender Education Acknowledgement Form).

Through interviews with offenders and the Intake Specialist, as well as supporting PAQ materials, the auditor judged PREA Offender Education with the necessary components had occurred timely upon offender arrival to SDCC.

**Standard 115.33d:** NDOC provided inmate education in formats accessible to all inmates including those who are: limited English proficient; deaf; visually impaired; in formats accessible to all inmates including those who are otherwise disabled; and in formats accessible to all inmates including those who have limited reading skills. AR 421 PREA Manual Excerpt cited, "Offender education will be available in formats accessible to all offenders including those offenders that are:

- a. Limited English proficiency;
- b. Visually impaired;
- c. Otherwise disabled; and
- d. Limited in their reading skills."

PREA material was to be made available to the incarcerated offender population both orally and in writing in a manner that would be clearly understood by the individual receiving the information, regardless of any identified disability. Specifically, accessibility provisions noted, at SDCC were:

- NDOC materials, including video, Handbooks, PREA materials, and posters were available in English and Spanish;
- For those inmates who did not speak English, including those who spoke Spanish, translation services contract was available. NDOC offered telephonic translation services. These services included multi-lingual interpretation twenty-four (24) hours per day, seven (7) days per week;
- NDOC video was closed captioning for anyone who was deaf or had hearing-impairment;
- PREA material was available in written format for those with hearing impairments or who were deaf;
- Sign Language Interpreters (SLI) and Telecommunications Typewriters (TTY) were to be used for individuals with hearing impairments;

- PREA material was available in Braille; and for those unable to utilize Braille would be read aloud to anyone who had visual limitations;
  - Ending the Silence: Don't Touch Me visual handbook was provided to individuals with cognitive impairments;
  - One-to-one consultation to further discuss content of PREA information for those with intellectual and/or speech disabilities, limited reading skills; as well as otherwise disabled individuals; and
  - For individual offenders with whom format accessibility was unable to achieve effective communication, PCM consultation would occur to ensure inmates understood PREA information.
- The auditor received copies of and reviewed related documentation associated with the accommodations, as listed above.

During site review, the audit team identified individuals to have potentially met criterion for Specialized Orientation related to LEP and cognitive needs. Based upon Targeted interviews, these individuals had received sufficient services for remediation and understanding of PREA requirements, as required via 115.33d.

Taken together, documents as cited above and information gathered during site review, it was clear NDOC had available, identifiable steps in AR to ensure inmates with limited English proficiency, visual, hearing, speech and/or reading impairments, as well as otherwise disabled individuals had an equal opportunity to receive PREA-related information in accessible formats. This included assurance of effective communication by format and method.

**Standard 115.33e:** NDOC maintained documentation of inmate participation in these education sessions. Per AR 421 PREA Manual Excerpt, "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." The PCM and Intake Specialist were both aware of this process. The auditor reviewed samples of these offender documents provided with the supplemental upload to confirm this practice.

Per PAQ, all offenders who received at the facility during the reporting period received PREA information at Intake, and those who remained at the facility for 30 days had their PREA Orientation completed within timeframes. The auditor's documentation review of randomly selected Inmate files showed completion of PREA Orientation at SDCC within timeframes. From Random and Specialized Inmate interviews, these individuals reported Orientation with Comprehensive PREA Inmate Education had occurred within their 'first hours' to 'first days' of arrival.

**Standard 115.33f:** In addition to providing such education, NDOC ensured that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. AR 421 PREA Manual Excerpt stated, "Each facility PCM or designee will ensure PREA posters are in areas where staff and offenders are present and make readily available offender handbooks for all offenders."

	<p>Per communication with the PCM, the facility routinely checked availability of PREA posters throughout the site. Based on site review, PREA materials were continuously visible across the facility. The posters were visible in areas available to offenders, in both English and Spanish, throughout housing units, facility buildings, Health Services, as well as areas accessible to the public, including the Main Entry area and visiting room. Inmates and staff noted during interview that posters and PREA resources were provided throughout the facility.</p> <p><b>Corrective action was not issued for this standard.</b></p>
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115.34	Specialized training: Investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The auditor reviewed AR 421 - Prison Rape Elimination Act (effective date: 08/30/2022); NDOC Memorandum (subject: 115.34 Investigations Specialized Training; date: 07/23/2021; signed: PREA Coordinator); National Institution of Corrections (NIC) Investigating Sexual Abuse in a Confinement Setting &amp; Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations (with Content); as well as IG PREA Training Spreadsheet and associated OIG Investigator certificates towards making compliance determination with the provisions of this standard.</p> <p><b>Standard 115.34a &amp; b:</b> In addition to the general training provided to all employees pursuant to 115.31, NDOC ensured that, to the extent NDOC conducted sexual abuse investigations, which included all administrative and criminal investigations (by either institutional or OIG staffing) its investigators received training in conducting such investigations in confinement settings. Specifically, this specialized training included techniques for interviewing sexual abuse victims; use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. AR 421 stated, "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."</p> <p>The NDOC Memorandum stated, "In compliance [with; sic] the standard, the Office of the Inspector Gender Criminal Investigators and designated facility supervisory staff take the National Institute of Corrections on-line Specialize Investigator training at <a href="https://nic.learn.com/learncenter">https://nic.learn.com/learncenter</a>. [NP] The main purpose of this course is to assist agencies in meeting the requirements of Prison Rape Elimination Act (PREA) Section 115.34 Specialized Training for Investigators. At the end of this course, investigators and designated facility staff will be able to explain the knowledge, components, and</p>

considerations that an investigator must use to perform a successful sexual abuse or sexual harassment investigation consistent with PREA standards. [NP] Investigators and designated facility supervisors also completed an advanced specialized training: This course provided case studies that allow investigators to apply and practice their investigative skills to conduct appropriate investigations in accordance with PREA standards. At the end of the course, learners will be able to articulate some of the unique aspects of investigating sexual abuse of inmates in confinement settings.” In addition, the Memorandum included the Modules for coursework completion of the NIC Specialized training, which met requirements for 115.34a&b.

The auditor reviewed these courses on NIC, and found the following citation, “The purpose of this course is to assist agencies in meeting the requirements of Prison Rape Elimination Act (PREA) Section 115.34 Specialized Training for Investigators. At the end of this course, you will be able to explain the knowledge, components, and considerations that an investigator must use to perform a successful sexual abuse or sexual harassment investigation consistent with PREA standards.”

During interview with the OIG Investigators, they were able to identify the specific components related to PREA-specialized training, and how to utilize these appropriately in the course of administrative and criminal investigations. Furthermore, the Investigators articulated the need, as well as process by which, to elevate any cases should the case be judged criminal, or potentially so, in nature. Of note, the investigators were able to appropriately state that a ‘preponderance of evidence’ was required to substantiate a PREA case for administrative action or prosecution referral.

**Standard 115.34c:** NDOC maintained documentation that agency investigators had completed the required specialized training in conducting sexual abuse investigations. Per AR 421, as stated in 115.34a, “The NDOC shall maintain documentation of training completion.”

NDOC maintained documentation of investigators who have completed the required specialized training in conducting sexual abuse investigations. Per the PAQ, NDOC provided the auditor transcripts for the OIG qualified investigators, as well as the Master OIG Investigator Spreadsheet with completed PREA Investigator Training with comprehensive completion by all relevant parties.

**No corrective action was required for this standard.**

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The auditor reviewed NDOC AR 421 - Prison Rape Elimination Act (effective date: 08/30/2022); NDOC Memorandum (subject: 115.35 Medical and Mental Health

Specialized Training); Mental Health and Medical National Institute of Corrections (NIC) Specialized Training Spreadsheets with Certificates towards making compliance determinations with the provisions of this standard.

**Standard 115.35a:** NDOC ensured 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; 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. Per AR 421, "All full and part-time medical and mental health care practitioners shall be trained on the subparts below. The NDOC shall maintain documentation that such training has been received.

A. How to detect and assess signs of sexual abuse and sexual harassment;

B. How to preserve physical evidence of sexual abuse;

C. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and

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

The NDOC Memorandum stated, "In compliance [with; sic] the standard all Medical and Mental Health practitioners take the National Institute of Corrections on-line Specialized Medical and Mental Health training at <https://nic.learn.com/learncenter>.

Medical Health Care For Sexual Assault Victims in Confinement Setting: The purpose of this course is to assist agencies in meeting the requirements of the Prison Rape Elimination Act (PREA) Section 115.35. At the end of this course staff will be able to explain the PREA standards that related to the provision of medical care for victims of sexual abuse. They will also be able to describe their role and responsibilities in providing this care.

Behavioral Health Care for Sexual Assault Victims in a Confinement Setting: The main purpose of this course is to assist agencies in meeting the requirements of Prison Rape Elimination Act (PREA) standard 115.35 Specialized Training. At the end of this course, staff will be able to explain the knowledge, components, and considerations that must [be] utilized to be effective in their role as a behavioral health care practitioner, consistent with PREA standards."

The PREA Coordinator via Memorandum affirmed curriculums for NIC 1.) PREA Medical Health Care for Sexual Assault Victims in Confinement Setting Course, and 2.) PREA Behavioral Health Care for Sexual Assault Victims in Confinement Setting Course included all components required of 115.35a.

Furthermore, based upon interview with Specialized Health Services staff, all were able to provide evidence of training to support their knowledge. Specifically, they appropriately cited their defined roles: to detect signs of sexual abuse, professionally

interact with victims, preserve physical evidence, as well as perform mandatory reporting of allegations and/or any suspicions of sexual abuse and sexual harassment, as well as document and provide services within the scope of their practice.

**Standard 115.35b:** Medical staff employed by NDOC at SDCC do not conduct forensic examinations; and therefore, receive training solely appropriate for send out to an outside facility for the completion of such examinations.

SDCC did not conduct forensic medical examinations, which was confirmed in interviews with facility Health Services staff. Forensic medical examinations have been identified for provision by SAFE/SANE or otherwise qualified staff at identified Health Care facilities in South Nevada. Thus, the facility staff had not received training in conducting forensic examinations. The auditor judged this standard met materially, as ‘not applicable.’

**Standard 115.35c & d:** NDOC maintained documentation that medical and mental health practitioners have received the training referenced in 115.35. Medical and mental health care practitioners employed by NDOC also received training mandated for employees by 115.31. In addition, medical and mental health care practitioners contracted by or volunteering for the agency received training mandated for contractors and volunteers by 115.32. Per AR 421, “Employee training: 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” Furthermore, AR 421 stipulated, “Each employee shall acknowledge training received through signed or electronic verification...”

The auditor was provided a comprehensive PREA Employee Completion Spreadsheet for SDCC (115.31; as no different training was offered for 115.32) and PREA for Health Services Specialized (115.35) Trainings. The Health Services staff interviewed endorsed participation in both NDOC PREA (115.31/115.32) and NDOC PREA Specialized for Health Services (115.35) trainings. Per the PAQ documentation, SDCC’s employed Medical and Mental Health providers had documentation of appropriate trainings, which at the time of reporting demonstrated compliance with both required NDOC PREA (115.31/115.32) and NDOC Health Services Specialized trainings (115.35).

**Corrective action was not required for this standard.**

<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The auditor reviewed NDOC AR 573 – Prison Rape Elimination Act Screening and Classification (effective date: 03/01/2018); AR 421 PREA Manual Excerpt: 4.0 Risk Screening Assessments; SDCC OP 421 – Prison Rape Elimination Act – PREA (effective date: 05/12/2023); SDCC OP 573 – PREA Screening and Classification (effective date: 05/12/2023); PREA Risk Screening Assessment Guide (115.51 & 115.52) Matrix; and Screenshots of Possible Aggressor & Possible Victim Factors; as well as SDCC PREA 72 Hour and 30 Day PREA Screening Follow-ups towards making compliance determinations with the provisions of this standard.

**Standard 115.41a:** All NDOC inmates are assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. All NDOC inmates are assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Per AR 421 PREA Manual Excerpt, “All institutions and facilities in accordance with the manual and Administrative Regulation (AR) 573 – PREA Screening and Classification, will have an operational procedure. 2. 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.” Per SDCC OP 421, “All offenders will be assessed within 72 hours of arrival at SDCC by the Reception Center Caseworker and upon transfer to another institution/facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders by their Unit Caseworker.”

Per interviews with the Warden, PCM, and Intake Screening Personnel, all offenders arriving at SDCC received a PREA Risk Screening Assessment within 72-hours of arrival, while generally immediately upon intake. The SDCC team considered the screening results for housing and programming placements. For example, “Possible Victim” and “Possible Aggressor” inmates were separated by dorm and cell bed location assignment (NOTE: dually identified individuals would be individually evaluated for placements needs). Randomized offender interviews and informal conversations established that inmates believed SDCC considered their welfare in making placement decisions, reporting they felt “sexually safe” at the facility.

Based upon onsite review, designated staff knew how to utilize the PREA Risk Screening Assessment information to make initial housing decisions by reviewing offenders’ risk ratings prior to assignment of dorm and cell beds. Furthermore, SDCC staff designated to make placement decisions utilized the SDCC PREA Risk Screening information to make subsequent decisions (e.g., housing, jobs, programming, etc.) with the offender’s risk considered.

**Standard 115.41b:** NDOC intake screenings ordinarily take place within 72 hours of arrival at the facility. Per AR 421 PREA Manual Excerpt, as cited in SDCC OP 573 for 115.41a, “Intake screening shall ordinarily take place within 72 hours of arrival at the facility and again within a set time period, not to exceed 21 days from the offender’s arrival at the facility.”

The audit team interviewed Intake staff, who performed PREA Risk Screening Assessments, and they understood their responsibility to meet with arriving inmates at SDCC within seventy-two (72)-hours to ensure the administration of Assessment

Screening. The auditor was able to corroborate Screening PAQ information with onsite evidence, as randomly selected PREA Risk Screenings demonstrated completion within 72-hours of offender arrival. Randomized offender interviews further confirmed timely Screening completion, as inmates recalled having participated in the Screening processes while being processed for intake.

**Standard 115.41c:** NDOC PREA Risk Screening Assessments were conducted using an objective screening instrument. Specifically, NDOC utilized the PREA Risk Screening Assessment form, which conformed to an objective screening tool, as reviewed by the auditor. The criteria as listed and queried for the assessment are further described in 115.41d.

Based upon interview with the Intake staff, they were aware of the responsibility to utilize the PREA Risk Assessment Screening in a uniform, standardized manner in order to make consistent determinations regarding risk levels. After finalization of the Screening with the inmate, the Intake staff reported they corroborated information provided by the offender during interview with that contained in the individual's chart, when relevant. The auditor received PREA Risk Assessment with PAQ upload, which upon review was judged to be an objective tool, and those samples provided upon random selection appeared to have been conducted in an objective manner.

**Standard 115.41d:** The NDOC PREA Risk Assessment Screening considered, 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; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (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 nonconforming or otherwise may be perceived to be LGBTI); (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; (10) Whether the inmate is detained solely for civil immigration purposes [materially met, as not applicable; given no inmates are held at SDCC for civil immigration purposes].

Per AR 421 PREA Manual Excerpt, "Department PREA risk screening instrument will include at a minimum:

- a. Whether the offender has a mental, physical, or developmental disability;
- b. The age of the offender;
- c. The physical build of the offender;
- d. Whether the offender has previously been incarcerated;
- e. Whether the offender's criminal history is exclusively nonviolent;



- f. Whether the offender has prior convictions for sex offenses against an adult or child;
- g. Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- h. Whether the offender has previously experienced sexual victimization; and
- i. The offender's own perception of vulnerability.”

The auditor judged the PREA Risk Assessment protocol to incorporate requisite 115.41d criteria, as indicated for fulfillment of assessing inmates for risk of sexual victimization.

Intake Staff responsible for offender intake, 72-hour, and follow-up PREA Risk Screening Assessment described during interview the inmate was queried regarding relevant aforementioned risk factors. Subsequently, the assessor combined the interview information with that discovered through chart review. The Intake Staff described risk scoring factored consideration of the offender’s self-report, interviewer’s perception (on relevant items), chart history, and responses from previous Screenings. The auditor reviewed Random inmate file review Screening which demonstrated consistency with this described manner of interview and scoring process.

**Standard 115.41e:** In assessing inmates for risk of being sexually abusive, the initial PREA risk screening considered, as known to NDOC, prior acts of sexual abuse. In assessing inmates for risk of being sexually abusive, the initial PREA risk screening considered, as known NDOC, prior convictions for violent offenses. In assessing inmates for risk of being sexually abusive, the initial PREA risk screening considered, as known to NDOC, history of prior institutional violence or sexual abuse.

Per AR 421 PREA Manual Excerpt, “Department PREA risk screening assessment instrument will also include all offenders be reviewed at a minimum for:

- a. Offender risk of being sexually abusive,
- b. Prior acts of sexual abuse,
- c. Prior convictions for violent offenses,
- d. History of prior facility violence
- e. Sexual abuse history that may be known or available to the Department”

The auditor reviewed the PREA Risk Screening Assessment protocol to assure each of these items was included, and upon evaluation observed the Screening to meet these objectives.

During interview with the Intake Staff, they reported the PREA Risk Screening Assessment included consideration of all risk factors indicated in 115.41e, with emphasis that inmate report was not the sole manner for inclusion of this information

in screening. Instead, the Assessment, involved an integration of the intake interview with the inmate, Intake Staff's perceptions of the offender's veracity, along with a comprehensive review of the offender's case factors and details found documented within the offender's chart, combined with prior Assessments, if available. PREA Risk Screening Assessments, as provided by SDCC and reviewed by the auditor subsequent to onsite request, conformed to this description and included the aforementioned factors in the assessment.

**Standard 115.41f:** Within a set time period not more than 30 days from the inmate's arrival at SDCC, SDCC reassessed the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. As stated in 115.41b, per AR 421 PREA Manual Excerpt, "Intake screening shall ordinarily take place within 72 hours of arrival at the facility and again within a set time period, not to exceed 21 days from the offender's arrival at the facility."

Based upon interviews while onsite, at SDCC, the Counseling Staff meet with the offender on a second occasion, within 30 days (generally 21 per SDCC protocol), to discuss the follow-up PREA Risk Screening Assessment. This Screening is completed to address any concerns associated with the offender's adjustment to their assigned dorm/cell and programming, regarding sexual safety, potential victimization, concerns regarding predatory behavior or abusiveness, and coupled with any reports received from collateral sources (e.g., housing officers, inmates, programming assignments) regarding the offender's conduct that would merit readjustment of their risk score.

The PAQ and auditor's onsite randomized inmate file review met criteria for re-screening within 30 days; generally at the 21-day mark. The PREA Risk Screenings Assessment follow-up was consistently recorded in offenders' files, in a timely fashion. During Random inmate interviews, the offenders were generally able to recall having participated in a follow-up Screening within an approximated timeline of three weeks to a month after their original arrival at SDCC, and continued to support the facility appropriately addressed their sexual safety needs.

**Standard 115.41g:** SDCC reassessed an inmate's risk level when warranted due to a referral, request, an incident of sexual abuse, and/or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. AR 421 PREA Manual Excerpt stated, "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."

Based upon PCM and Intake/Counseling Staff interviews, SDCC conducted re-assessment PREA Risk Screening Assessments. The PAQ included examples of such, as completed during the reporting period. While onsite, the audit team discussed with Intake and Counseling Staff regarding when to conduct PREA Risk Screening Re-Assessments associated with substantiated PREA investigations and receipt of additional information; their responses conformed to appropriate completion of Screening follow-ups. The audit team also spoke with the Intake/Counseling Staff,

Warden, and PCM, who each indicated once Screening re-assessments were completed (when warranted), the offender's housing, placement and programming determinations would be re-evaluated to ensure consistency with their current risk rating.

**Standard 115.41h:** It was the case that NDOC inmates were not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs 115.41d1, 115.41d7, 115.41d8, or 115.41d9 of this section. AR 421 PREA Manual Excerpt stated, "Offenders shall not be disciplined for refusing to answer or for failing to disclose complete information in response to questions asked on the intake screening related to:

- a. Any mental, physical, or developmental disability.
- b. Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming.
- c. Whether or not the offender has previously experienced sexual victimization; or
- d. The offender's own perception of vulnerability."

During Random interview, no offenders reported having been disciplined associated with their responding patterns and/or refusal to provide answers to the PREA Risk Screening Assessment. Intake and Counseling staff reported they had not imposed sanctions associated with any inmate's decision not to respond during the Assessment process. The auditor did not discover any disciplinary incidents associated with failure and/or refusal to respond to Assessment questions, as based upon documentation and site review.

**Standard 115.41i:** NDOC implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to 115.41 in order to ensure that sensitive information was not exploited to the inmate's detriment by staff or other inmates. Per AR 421 PREA Manual Excerpt, "All staff is prohibited from the dissemination of any of the PREA screening for risk of victimization and abusiveness except on a need and right-to-know basis.

- a. The Department and facilities shall implement appropriate control on the dissemination within the facility of responses to the risk screening assessment questions.
- b. Staff shall report all acts or suspicions of unauthorized and prohibited dissemination of PREA screening information.
- c. Reports of the unauthorized dissemination of confidential information shall be investigated and may result in disciplinary action up to and including termination."

Interview with the Warden, PCM, and Intake/Counseling Staff confirmed SDCC had implemented appropriate controls for dissemination within the facility of responses to questions asked pursuant to the PREA Risk Screening Assessment. Such controls were designed to ensure sensitive information could not be exploited to the offender's

	<p>detriment by staff and/or other offenders. Results that determined PREA Risk Screening Assessments were located into the electronic database. However, the results of the Screening accessible in the general status portion of database ensured accessibility to staff members who made determinations regarding housing, bed placements, education, work positions, and program assignments, while these staff members would not have full access to detailed PREA Screening question information unless required by position designation.</p> <p><b>Corrective action was not required for this standard.</b></p>
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115.42	Use of screening information
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The auditor reviewed NDOC AR 421 - PREA Manual Excerpt: 4.1 Use of Risk Screening Information; SDCC OP 573 - PREA Screening and Classification (effective date: 05/12/2023); NDOC Transgender or Intersex Offender Follow-up Questionnaire with sample provided; PREA Risk Screening Assessment Guide (115.41 &amp; 115.42) Matrix; and SDCC PREA 72 Hour and 30 Day Follow-Up PREA Risk Screening Spreadsheet towards making compliance determinations with the provisions of this standard.</p> <p><b>Standard 115.42a:</b> NDOC used 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, bed, work, education, and program assignments. AR 421 PREA Manual Excerpt cited, "All institutions and facilities will have a procedure in accordance with this manual and Administrative Regulation 573. 2. 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." SDCC OP 573 explained, "Housing and Placement Based on PREA Classification: 1. Staff shall use information from the risk assessment to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff shall make individualized determinations about how to ensure the safety of each offender. 2. At no time will a known victim and known aggressor be housed together in a 2-man cell. 3. A possible victim and possible aggressor should not be housed together unless necessary. 4. Non-victims and non-aggressors may be housed with any other category, subject to individual case factors."</p> <p>Therefore, per NDOC AR and SDCC OP, information gathered through the risk screening (i.e., PREA Risk Screening Assessment) shall be utilized in determination of</p>

every offender's: (1.) housing; (2.) bed placement; (3.) work assignments; (4.) education; and (5.) program with the aim of separating those offenders who demonstrate high risk of being sexually victimized from those who show high risk of sexual abusiveness.

Per interviews with the PCM, Intake/Counseling staff, and Housing Officers, SDCC staff used the PREA Risk Screening Assessment to inform determinations about the aforementioned five (5) placement, assignment, and programming considerations. As indicated, based upon NDOC Policy and relevant interviews, SDCC made an effort to utilize the information gathered through the risk screening (required by standard 115.41) to separate those offenders with potential for sexual victimization from those with potential for sexual aggression.

**Standard 115.42b:** NDOC made individualized determinations about how to ensure the safety of each inmate. As cited above, per AR SDCC OP, "Staff shall make individualized determinations about how to ensure the safety of each offender." Per AR 421 PREA Manual Excerpt, "The Department, institutions, and facilities shall make individualized determinations about how to ensure the safety of each offender."

As stated in 115.41a, b, f & g, per AR 421 PREA Excerpt, every offender will have a PREA Risk Screening Assessment conducted at every facility upon facility intake, after 30-days (21-days per practice) at the facility, and as warranted through their custodial term. The offender will receive an initial screen upon entry into the NDOC system, and thereafter, upon each transfer, as an intake within 72-hours and again within 30-days of placement within the facility. Furthermore, the offender shall have Risk Screening conducted should there be indicators present suggesting a possibility of change in their risk status. As a result, each offender's PREA Risk Screening Assessment was not a 'grouped' element, but instead 'individualized'. Upon entry to a facility, as explained in 115.42a above, the incarcerated individual's screening designation will be utilized to inform housing and bed placements, as well as job, education, and program assignments.

Per interview with Warden, PCM, Intake Staff, and facility custodial staff (with tiered access based upon their roles), SDCC utilized screening information to make individualized determinations about how to ensure the safety of each offender. They identified the PREA Risk Screening Assessment as a fluid process with importance upon reassessment, as necessary, to ensure every offender's individualized risk level reflected appropriate placements for the sexual safety of all offenders at the facility. In addition, inmates interviewed, formally and informally, indicated they believed their housing and program placements were in locations where they felt "sexually safe", while able to participate in programming to maximum benefit.

**Standard 115.42c:** When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, NDOC considered, 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. When making housing or other program assignments for transgender or intersex inmates, NDOC considered, 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. AR 421 PREA Manual Excerpt stipulated, "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."

The PREA Coordinator, Warden, and PCM all indicated, per NDOC AR and practice, NDOC and SDCC provided an inclusive environment for transgender and intersex offenders with an aim that every inmate felt safe. They emphasized placement and assignment decisions (including housing and programming) for transgender or intersex offenders would be made on a case-by-case basis with assurance towards the offender's health and safety, and consideration of any possible management or security problems, which include the offender's own views regarding their own safety. The audit team spoke with inmates from this Specialized category housed at SDCC regarding their perspectives about their placement as a transgender or intersex offender, who all supported the criteria as related to 115.42c. Based upon the auditor's judgement, SDCC would make facility, housing, and program placement determinations for transgender and intersex offenders on a case-by-case basis, which aimed to ensure the inmate's health and safety, and evaluated whether placement would present management or security problems.

**Standard 115.42d:** NDOC placement and programming assignments for each transgender or intersex inmate were reassessed at least twice each year to review any threats to safety experienced by the inmate. Per AR 421 PREA Manual Excerpt, "Placement and programming assignments for each transgender or intersex offender shall be reassessed at least twice per year or as needed. The reassessment will include a review of any threats to safety that may have been experienced by any offender."

As indicated, the audit team met with inmates from this Specialized category housed at SDCC. Responses conformed to having had six-month reviews conducted at regular intervals. The Warden and PCM were also aware SDCC was to conduct placement and assignment reviews for transgender and intersex offenders twice annually. The auditor discussed with the PREA Coordinator NDOC's completion of housing reviews for transgender offenders, which supported reviews were completed on a biannual basis agency wide.

**Standard 115.42e:** Each transgender or intersex inmate's own views with respect to his or her own safety were given serious consideration when making NDOC facility and housing placement decisions and programming assignments. Per AR 421 PREA Manual Excerpt, "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:

a. When completing intake risk screening assessment

- b. When completing a 21-day follow-up risk screening assessment
- c. During the six-month re-assessment meeting
- d. Based upon any new information.”

In practice, SDCC had given consideration to the views of transgender inmates with respect to their own safety when making facility and housing placement decisions and programming assignments. Specifically, interviews with transgender inmates housed at SDCC indicated the committee sought their input during reviews with related elements to contribute to case determinations. During interview, the PCM expressed an important component of the biannual review was to discuss the transgender or intersex offender’s own perceived level of safety. The PCM and Warden also confirmed that when making facility and housing placement decisions, as well as programming assignments, the transgender or intersex offender’s views with respect to their own safety were given deliberate consideration.

**Standard 115.42f:** Transgender and intersex inmates were given the opportunity at SDCC to shower separately from other inmates. Per AR 421 PREA Manual Excerpt, “Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.”

During interview, the Warden and PCM were aware of their responsibility to implement 115.42f provisions should a transgender or intersex inmate request separate shower provisions. Upon site review inspection, the facility had shower stalls such that transgender and intersex inmates could shower with appropriate modesty. Based upon site review, transgender inmates housed SDCC had been offered the opportunity to shower separately from other inmates. Of those interviewed within this Target category, they reported the ability to shower separately from other inmates, and Housing Unit officers offered information to support this standard sub-provision.

**Standard 115.42g:** 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, NDOC always refrained from placing: lesbian, gay, bisexual, transgender and intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. NDOC was not in connection with a consent decree, legal settlement, or legal judgment related to this provision of Standard 115.42g. AR 421 PREA Manual Excerpt cited, “The Department and facilities are prohibited from placing lesbian, gay, bisexual, transgender, intersex, gender non-conforming, or gender non-binary offenders in dedicated facilities, housing units, or wings solely based on their identification or status.”

Per PCM all inmates were housed on a case-by-case basis at SDCC and per PREA Coordinator in the NDOC system depending on their needs. There was no Agency policy governing this standard sub-provision.

At SDCC the auditor confirmed appropriate housing placement processes for LGBTI and gender non-conforming offenders through discussion with the Warden and PCM.

	<p>All related staff denied segregated housing practices of the indicated population would occur within the facility. Of the individuals at SDCC during the onsite review who represented the LGBTI and gender non-conforming community all denied such housing placement in dedicated facilities, wings, or units solely based upon their identification or status. Secondary to interviews and site observation, the auditor judged consistent with SDCC not having dedicated facilities, units or wings for LGBTI inmates. There did not appear to be any areas separated from the main population specifically for placement of offenders solely on the basis of identification or status as LGBTI and/or gender non-conforming.</p> <p><b>No corrective action was required for this standard.</b></p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The auditor reviewed NDOC AR 421 - PREA Manual Excerpt: 4.2 Protective Custody/ Segregation; and SDCC OP PREA Screening and Classification (effective date: 05/12/ 2023) towards making compliance determinations with the provisions of this standard.</p> <p><b>Standard 115.43a:</b> SDCC always refrained 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. If SDCC could conduct such an assessment immediately, SDCC would hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. Per AR 421 PREA Manual Excerpt, "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:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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."</li> </ol> <p>Per interviews with the Warden and PCM, housing of inmates who may be at risk for sexual victimization was managed with consideration given to their safety on the basis of the offender's cell, housing unit, and facility, with all options considered. They</p>



both expressed, as the last alternative, SDCC would utilize movement of the individual at risk for sexual victimization to involuntary segregation. Based upon interviews with the Warden and PCM, they were aware of the facility's responsibility to document clearly the basis for concern regarding the inmate's safety if they utilized involuntary segregation for this purpose. Furthermore, in such cases, the facility was aware to document clearly the reason why they were unable to arrange an alternative means of separation.

According to the PAQ, there were zero (0) inmates at risk of sexual victimization who had been assigned to involuntary segregated housing in the reporting period nor evidence of such found during site review; therefore, the auditor was unable to review any documentation pursuant to 115.43a. Per record review, the auditor judged reporting period information related to SDCC not having placed inmates at high risk for sexual victimization in involuntary segregation, consistent with that provided through site review and SDCC interviews. During the site review, there were no (0) offenders placed in an involuntary segregation unit secondary to high risk of sexual victimization. Information gathered during the site review, including both staff and offender interviews, as well as documentation review, was consistent with PAQ-provided data that no (0) offenders were placed in involuntary segregated housing based upon risk for of sexual victimization. The auditor further confirmed PAQ data through review of the provided PREA investigations, and SDCC housing assignments for offenders indicated with risk of sexual victimization by screening. Per review, the facility had not housed any of these offenders in a Segregated Housing area secondary to potential victimization issues. Instead, SDCC had placed each in locations evaluated to minimize contact with offenders whose PREA Risk Assessment indicated potential risk of sexual predation or separated them from their identified aggressor by other means.

**Standard 115.43b:** SDCC inmates who are placed in segregated housing because they are at high risk of sexual victimization would have access to: programs to the extent possible; privileges to the extent possible; education to the extent possible; and work opportunities to the extent possible. If SDCC restricted any access to programs, privileges, education, or work opportunities, SDCC would document the opportunities that have been limited and the duration of the limitation, as well as the reasons for such limitations. Per AR 421 PREA Manual Excerpt, "Institution and facility procedures involving involuntary segregated housing shall include for the offenders, to the extent possible, access to programs, privileges, education, and work opportunities.

a. The procedures shall include that they document in NOTIS the opportunities that have been limited, the duration of the limitation, and the reason why the limitation."

There were no (0) instances of involuntary segregated housing made pursuant to 115.43a during the reporting period, which was confirmed upon site review; therefore, the auditor was unable to review any documentation pursuant to inmate involuntary segregation placement secondary to risk of sexual victimization. Based upon interviews with the Warden and PCM, they were aware of the facility's responsibility to provide access to programs, privileges, education, and work

opportunities, to the extent possible. They were also both able to articulate if the facility restricted any access to programs, privileges, education, or work opportunities, and their obligation to document the opportunities that have been limited, duration of the limitation, and reasons for such limitations.

**Standard 115.43c:** SDCC assigned inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Such an assignment would not ordinarily exceed a period of 30 days. AR 421 cited, "Any offender placed into involuntary segregation due to having been a victim or at risk of victimization shall only remain in involuntary segregation only until an alternative housing arrangement is made but shall not ordinarily exceed 30 days."

There were no instances of involuntary segregated housing assignment made pursuant to 115.43a; therefore, the auditor was unable to review any documentation pursuant to inmate involuntary segregation placement secondary to risk of sexual victimization. Interview with the Warden and PCM indicated they were clearly aware SDCC would assign inmates at risk of victimization to involuntary segregated housing only until arrangements for an alternative means of separation from likely abusers could be made. Furthermore, both indicated SDCC would minimize such an involuntary segregation assignment to the greatest extent possible, and not ordinarily exceed a period of 30 days.

**Standard 115.43d:** If an involuntary segregated housing assignment was made pursuant to 115.43a, SDCC would clearly document: the basis for the facility's concern for the inmate's safety; and the reason why no alternative means of separation can be arranged. Per AR 421 PREA Manual Excerpt, "Any offender placed into involuntary segregation due to being a victim or a risk of victimization shall provide for a 30-day review to determine and document the continued need for separation from the general population, if applicable."

There were no (0) instances of involuntary segregated housing assignment made pursuant to 115.43a; therefore, the auditor was unable to review any documentation pursuant to inmate involuntary segregation placement secondary to risk of sexual victimization. However, based upon interviews with the Warden and PCM, they were aware of the facility's responsibility to document clearly the basis for concern regarding the inmate's safety if SDCC utilized involuntary segregation for this purpose. Furthermore, in such cases, they were aware of the facility's duty to document clearly the reason why no alternative means of separation could be arranged.

**Standard 115.43e:** In the case of each inmate who was placed in involuntary segregation because he/she is at high risk of sexual victimization, SDCC afforded a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS. Per AR 421 Manual Excerpt, as cited above, "Any offender placed into involuntary segregation due to being a victim or a risk of victimization shall provide for a 30-day review to determine and document the continued need for separation from the general population, if applicable." These

	<p>reviews shall be done as a 30-day review, per policy. Per SDCC OP, “Every 30 days, the facilities with Protective Custody shall afford each such offender a review to determine whether there is a continuing need for separation from the general population.”</p> <p>There were no (0) instances of involuntary segregated housing assignment made pursuant to 115.43a; therefore, the auditor was unable to review any documentation pursuant to inmate involuntary segregation placement secondary to risk of sexual victimization. However, based upon interviews with the Warden and PCM, they were aware of SDCC’s responsibility to provide the identified offender with a review at least every 30 days to assess whether there was a continuing need for separation from the general population. As noted, the facility had not used involuntary segregation for this purpose, and indicated such placement would be as brief as possible.</p> <p><b>No corrective action was required for this standard.</b></p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The auditor reviewed NDOC AR 421 – Prison Rape Elimination Act (effective 08/30/2022); AR 421 – PREA Manual Excerpt: 5.0 Offender Reporting; SDCC OP 421 – Prison Rape Elimination Act – PREA (effective date: 05/12/2023); NDOC SDCC Inmate Orientation Handbook; NDOC PREA Posters (English &amp; Spanish versions); NDOC PREA Offender Education (English &amp; Spanish versions); Intergovernmental Agreement for PREA Reporting: State of New Mexico Corrections Department and NDOC (effective date: 05/22/2023); New Mexico – Public Entity PREA Reporting Form; and Offender Reporting Outside of Agency &amp; Staff Reporting Duties (NDOC training extraction) towards making compliance determinations with the provisions of this standard.</p> <p><b>Standard 115.51a:</b> NDOC provided multiple internal ways for inmates to privately report sexual abuse and sexual harassment; multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; as well as multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents. Per 421 PREA Manual Extract, “The Department provides multiple ways for offenders to report allegations of sexual abuse, sexual harassment, or retaliation by other offenders or staff for reporting or cooperating with an investigation related to PREA, or any staff negligence or violation of responsibilities that may have contributed to sexual assault or sexual harassment.</p> <ul style="list-style-type: none"> <li>a. Verbally report to any staff member, contractor, or volunteer;</li> <li>b. A written report submitted via any staff member, contractor, or volunteer;</li> </ul>

- c. Filing a grievance, or
- d. Calling the PREA hotline.”

Staff had been made aware of their duties to report secondary to PREA training, as explicitly described in the section, “Staff Reporting Duties.”

The auditor was provided with copies of the NDOC PREA Posters (English & Spanish versions), NDOC SDCC Inmate Orientation Handbook, and NDOC PREA Offender Education (English & Spanish versions), which were also available visibly posted during the onsite inspection and referred to during inmate interviews. Each provided information the pertained to the reporting mechanisms, as listed above.

During inmate, as well as Randomized staff interviews, all were able to articulate internal ways to privately report any sexual abuse, sexual harassment and/or retaliation regarding PREA-related allegations. The most cited responses were either direct, verbal report to any staff member and use of the NDOC PREA Hotline. Internal means of privately reporting at SDCC, also frequently cited during inmate and staff interviews included submission of a ‘kyte’ (i.e., inmate communication with staff by note). During the site review, the auditor established NDOC PREA Posters were available with reporting processes (to include addresses and telephone numbers) and the PREA Hotline toll-free telephonic system was appropriately receiving submitted reports. In addition, information provided during the SDCC Offender Orientation (as readily available in both English & Spanish) provided details regarding reporting mechanisms.

**Standard 115.51b:** NDOC provided at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that was not part of the Agency. The designated private entity or office was able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to NDOC officials and allowed the inmate to remain anonymous upon request. There were no inmates detained solely for civil immigration purposes (for which the standard sub-provision was judged as materially met as ‘not applicable’), as SDCC never houses inmates detained solely for civil immigration purposes.

Per AR 421 PREA Manual Excerpt, the New Mexico Department of Corrections remained the official outside reporting entity (with active contract). AR 421 PREA Manual Excerpt further stated, “2. Offenders may report anonymously or otherwise to an outside public agency, which is able to immediately report to the Department complaints from offenders about sexual abuse, sexual harassment, or retaliation by staff or other offenders.

3. Written notification to offenders of the outside public agency identifiers is included on PREA posters placed in all housing units, work, and program areas, and within the written intake/reception offender orientation packet. Offenders can write directly to the New Mexico Department of Corrections or request the outside agency reporting form DOC 2100 from any of the following staff:

- a. Unit Officer

b. Case manager

c. Facility PCM

d. Law Library

4. Any offender who sends correspondence to the New Mexico Department of Corrections reporting a violation of sexual abuse, sexual harassment, or retaliation for filing a PREA report may not be charged for postage at their request and correspondence will be treated as confidential mail.”

The Agency had multiple processes in place for offenders to report PREA allegations, externally, including:

§ Third party reporting (through peers, family, lawyers, and external contacts.)

§ Anonymous and confidential reporting by sending allegation information to the New Mexico Department of Corrections, the Agency’s official external reporting entity.

§ The PREA Hotline reporting line.

Information regarding these reporting mechanisms was provided in the SDCC Inmate Orientation (available in English & Spanish) and discussed at intake, as well as posted on NDOC PREA Posters with the requisite address and telephone numbers for communication. Staff are also trained on this process, via the, “Offender Reporting Outside of the Agency” portion of PREA training.

During Randomized incarcerated individual interviews, calling the ‘PREA Hotline’ and using a third party, as well as the submission of ‘kites’ cited as resources to confidentially and, if desired, anonymously submit reports of sexual abuse, sexual harassment and/or retaliation. When queried about an outside reporting Agency address, the majority of individuals were able to state they had access to such addresses on the PREA posters or through their counselor. However, the offender population most frequently expressed the most viable manner they would submit an anonymous report would be via ‘Hotline’ and not provide their name; despite the fact this was not considered a reporting mechanism ‘external’ to NDOC.

Per PCM and facility report, as well as onsite observation, there were no (0) offenders at the facility detained solely for immigration purposes. Thus, the auditor judged this portion of the standard provision met materially as ‘not applicable’.

**Standard 115.51c:** NDOC required staff to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. In addition, NDOC required staff to promptly document any verbal reports of sexual abuse and sexual harassment. AR 421 stated, “A. Any employee, contractor, or volunteer who has any knowledge, suspicion, information or becomes aware of any alleged act of sexual abuse or sexual harassment by another employee, contractor, or volunteer is required to immediately report the knowledge, suspicion, or information to his or her immediate supervisor.

1) If the allegations of misconduct concern the employee, contractor, or volunteer's immediate supervisor, the report should be made up the chain of command. The report of the alleged act of misconduct will not be referred to an employee, contractor, or volunteer who is the subject of the accusation.

2) The information that the employee, contractor, or volunteer reports is confidential and must not be disseminated outside the need and right to know.

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

C. All institutional/facility allegations of sexual abuse and sexual harassment, including third-party and anonymous reports of allegations must be reported to the PCM or designated employee. All institutional/facility allegations of sexual abuse and sexual harassment will result in a Nevada Offender Tracking Information System (NOTIS) incident report (IR).

D. The Department will provide a method for staff to privately report sexual abuse and sexual harassment of offenders."

Per AR 421, all staff shall report allegations or incidents of sexual abuse and sexual harassment, as well as related retaliation. Upon query, staff shall document, 'immediately', indicated per PAQ as, 'before the end of shift.' All facility employees, contractors, and volunteers were required, by Policy, to report all PREA allegations received, regardless of the manner in which it was obtained (to include verbally, in writing, anonymously, and from third parties) and those who failed to report may receive corrective action for their failure to do so. NDOC PREA training delineated procedures for this Policy as noted in the section related to "Staff Reporting Duties."

Based upon Random interviews with facility staff, contractors and volunteers, all were aware of their responsibility to accept and report immediately any information provided to them from offenders related to sexual abuse, sexual harassment, and/or retaliation related to the same, regardless of the manner in which it was received (to include: written, verbal, third party, or anonymously). SDCC staff, contractors and volunteers identified their first responsibility, secondary to First Responder duties (i.e., ensuring the victim's safety/separation from alleged abuser), included immediate notification of their appropriate supervisor regarding the alleged PREA-related occurrence. All interviewed identified the importance of documenting reported PREA allegations in as prompt a manner as possible. When queried they indicated they must complete associated documentation, at minimum, prior to leaving the facility at the end of their shift/assigned duties.

**Standard 115.51d:** NDOC provided a method for staff to privately report sexual abuse and sexual harassment of offenders. Per AR 421, "The Department will provide a method for staff to privately report sexual abuse and sexual harassment of offenders." AR 421 PREA Manual Excerpt cited, "The Department provides multiple options for staff to privately report sexual abuse and sexual harassment, these include but are not limited to the:

	<ul style="list-style-type: none"> <li>a. Department Executive Staff</li> <li>b. Office of the Inspector General</li> <li>c. Facility Warden</li> <li>d. Attorney General</li> <li>e. PREA Hotline</li> <li>f. Department public website: PREA Incident Report Form.”</li> </ul> <p>Staff were informed of these procedures through PREA annual training.</p> <p>During Randomized staff interviews, it was clear SDCC staff were aware of their responsibility to report all PREA allegations and believed, if required, they had the necessary resources available to privately report any knowledge of sexual abuse, harassment or retaliation related to reporting of such incidents. Furthermore, SDCC Randomized and First Responder interviewees all indicated their awareness to report any PREA allegation in a way which would remain private (e.g., do not report over institutional radio) and instead utilize a mechanism by which reporting of the PREA allegation would remain contained to those designated in a ‘need to know’ position.</p> <p><b>No corrective action was required for this standard.</b></p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed NDOC AR 740 Offender Grievance Procedure (effective date: 04/28/2022); AR 421 - PREA Manual Excerpt: 5.1 Grievances; SDCC OP 740 - Inmate Grievance Procedure (effective date: 08/24/2015); NDOC Prison Rape Elimination Act Posters (English &amp; Spanish versions); SDCC Grievance Report towards making compliance determination with the provisions of this standard.</p> <p><b>Standard 115.52a - g:</b> Onsite interviews with the Grievance Coordinator, Warden and PCM, as well as PAQ and site review information, indicated during the reporting period SDCC had received four (4) grievances related to sexual abuse, which were all forwarded timely to the Office of the Inspector General for immediate investigation. The Grievance Coordinator, Warden and PCM affirmed the steps, as indicated below, of the grievance process, and their associated awareness of Standard 115.52 requirements.</p> <p><b>Standard 115.52a:</b> NDOC was exempt from this standard. PREA standard provision 115.52a states, “...the agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean</p>

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”.

AR 421 PREA Manual Excerpt cited, “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.” However, AR 740, “A. Any grievance reporting sexual abuse against any offender will be referred to the Warden or designee for entry into the NOTIS reporting system and referral to the IG.” Therefore, the facility did not have an administrative process by which grievances were resolved at the institutional level for sexual abuse allegations and was judged to be ‘exempt’ from this standard.

**Standard 115.52b:** NDOC permitted inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits. NDOC always refrained from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Per AR 421 PREA Manual Excerpt, “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;
- b. 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.”

Furthermore, AR 740 and SDCC OP 740 cited, “Timeframes are waived for allegations of sexual abuse [and disability discrimination; only AR 740] regardless of when the incident is alleged to have occurred.” And AR 740 stated, “The offender shall file an Informal Grievance (DOC 3091) that states “for tracking purposes” when an issue goes directly to the Warden (first level) for a decision such as disciplinary appeals, denied visits, any allegation of sexual abuse, or mail censorship.”

**Standard 115.52c:** NDOC ensured 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, and that such a grievance was not referred to a staff member who is the subject of the complaint. AR 421 PREA Manual Excerpt stated, “The grievance shall not be referred to the accused or named staff member; and Grievances received by staff members that involve a family member or other staff that they have a close or intimate relationship with will be immediately forwarded to an impartial and designated staff member for review, response, and/or action.”

SDCC OP 740 cited, “Allegations of sexual abuse will never be referred to the staff member who is the subject of the alleged sexual abuse.” AR 740 stated, “Any grievance reporting sexual abuse against an offender will be referred to the Warden or designee for entry into the NOTIS reporting system and referral to the IG.”



**Standard 115.52d:** NDOC issued 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 (Noting: computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal). In such cases as NDOC claimed the maximum allowable extension of time to respond of up to 70 days, per 115.52d.3, when the normal time period for response was insufficient to make an appropriate decision, NDOC notified the inmate in writing of any such extension and provided a date by which a decision would be made. At any level of the administrative process, including the final level, should the inmate not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level, per NDOC.

Per AR 830-04, "At any level that a grievance is filed with a claim or report of sexual abuse, that grievance will be scanned and emailed for review to the OIG, PREA Management Division.

- a. The IG or Supervising Criminal Investigator or designee shall respond to the grievance within 90 days of the grievance being filed by the offender.
- b. Computation of the 90-day period shall not include time consumed by the offender in preparing any administrative appeal.
- c. If a NOTIS incident report has not been generated related to or associated with the claims in the grievance or surrounding the date of the incident itself, the OIG or designee will generate a NOTIS Incident report and reference the grievance to the IR for documentation purposes.
- d. The sexual abuse grievance will indicate whether the matter was assigned for official investigation or clearly document why it was not.
- e. The IG or designee will respond, via email, to the facility grievance coordinator acknowledging handling and a response to the grievance. The IG or designee may, if applicable, claim an extension of up to 70 days to respond to the grievance if the original 90 days are not sufficient to process the grievance and complaint. The offender shall be notified in writing of any extension, providing a date by which a decision will be made.
- f. If the offender does not receive a response within the time frame allotted for a reply, including a properly noticed extension, and at any level, the offender may consider the absence of a response to be a denial at that level."

According to SDCC OP 740, "All allegations of sexual abuse will be referred to the inspector general's office for investigation via the First Level Grievance (DOC-3093). When an issue goes directly to the first level, the inmate shall file an Informal Grievance form for tracking purposes. The Inspector General's office will have 90 days to respond to this allegation." Based upon the PAQ there were four (4) grievances filed that alleged sexual abuse during the reporting period, all of which reached final decision within 90 days after being filed. Upon review of the provided

SDCC Grievance Spreadsheet of sexual abuse allegations, the auditor viewed that all four (4) were appropriately forward to the OIG for investigation, which was determined to be the final decision.

**Standard 115.52e:** NDOC permitted third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse. NDOC also permitted third parties to file such requests on behalf of inmates, while if a third party filed such a request on behalf of an inmate, SDCC required, as a condition of processing the request, that the alleged victim agree to have the request filed on his or her behalf and required the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the inmate declined to have the request processed on his or her behalf, NDOC documented the inmate's decision. AR 421 PREA Manual Excerpt stated, "Any grievance filed by another offender on behalf of the victim when sexual abuse is reported will be accepted and allowed to continue until a response from the IG's Office...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.

a. 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. Third parties include:

- 1) Fellow offenders;
- 2) Staff members;
- 3) Family members;
- 4) Attorneys; and
- 5) Outside advocates."

In addition, SDCC OP stated, "Inmates are permitted third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filling requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf on [sic] the inmates." Per PAQ during the reporting period there were no (0) grievances filed on behalf of third parties for inmates as related to sexual abuse, which was consistent with information gathered during the site review.

**Standard. 115.52f:** NDOC had established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, NDOC immediately forwarded 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. After receiving an emergency grievance described above, NDOC provided an initial response within 48 hours. After receiving an emergency grievance described above, NDOC issued a final agency decision within 5 calendar days. The initial response and NDOC decision documented the agency's determination whether the inmate is in substantial risk of imminent sexual abuse. The initial response documented NDOC's action(s) taken in response to the emergency grievance. NDOC's final decision documented their action(s) taken in response to the emergency grievance.

Per AR 421 PREA Manual Excerpt, "5. 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.

6. Institution or facility staff who receive an emergency grievance, or any portion of an emergency grievance alleging an offender is at substantial risk of imminent sexual abuse, staff shall immediately deliver the grievance to the appropriate shift commander or available supervisor who:

- 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 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.

7. Department, institutions, and facility staff have the affirmative and immediate duty to respond and take immediate action when they learn that an offender is subject to a substantial risk imminent sexual abuse."

Per AR 740, "Any Emergency Grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse, must be immediately forwarded to the highest-ranking staff member on duty so that corrective action may be taken immediately, which may include moving the offender to administrative segregation for protective custody." In addition, AR 740 cited, "The offender shall receive a response to the emergency grievance within 24-hours, with a final decision about with the offender is at substantial risk of imminent sexual abuse within two (2) regular calendar days."

SDCC OP 740 followed, "If the Emergency Grievance is determined to allege that the inmate is in substantial risk of imminent sexual abuse the supervisor will sign, date and place the time on the Emergency Grievance, The supervisor will then take necessary measures to resolve the Emergency Grievance including:

- Immediate removal of the inmate/grievant from the area of the alleged danger;
- Immediate, initial written response to the Emergency Grievance;
- Contact the on call Emergency Response Administrator;
- Emergency Grievance will be forwarded to the office of the Inspector General (IG) through NOTIS;
- The Inspector General (IG) will issue a final written decision within five (5) days.
- Upon the completion of the investigation into the sexual abuse Emergency Grievance the inmate shall be informed of the outcome of the investigation by the Inspector General's office.

During the reporting period, while there were four (4) grievances that met criteria as PREA sexual abuse allegations, none (0) were deemed emergency or of substantial imminent risk of sexual abuse in nature. However, per interview with the Grievance Coordinator, Warden and PCM, the facility would manage an emergency and/or imminent risk of sexual abuse grievance in the same regard as consideration for imminent sexual abuse and ensure the offender's safety per institutional practices, described in Standard 115.62a.

**Standard 115.52g:** NDOC disciplined an inmate for filing a grievance related to alleged sexual abuse, ONLY where the Agency demonstrated the inmate filed the grievance in bad faith. AR 421 PREA Manual Excerpt stated, "8. The Department, institutions, and facilities are prohibited from applying disciplinary action against an offender for filing any level of a grievance unless it is clearly demonstrated and documented that the offender filed the grievance in bad faith."

AR 740 cited, "E. An offender may not be disciplined for filing a grievance related to alleged sexual abuse unless the Department has demonstrated that the offender filed the grievance in bad faith..." SDCC OP iterated, "If at any time it is deemed that an inmate has filed a grievance alleging sexual abuse, and SDCC and/or the Inspector General establishes that the grievance was filed in bad faith by the inmate, Notice of Charges may be filed in accordance with NDOC A.R. 740.09."

Therefore, NDOC explicitly prohibited disciplinary action/infractions against an offender for submitting a report of sexual abuse made in good faith. Good faith meant when the allegation was based upon reasonable belief that the alleged conduct occurred, even when an investigation does not substantiate the allegation. Per PAQ documentation, investigatory and supplementary document analysis, and information gathered during site review, including inmate (Random and Targeted) and staff (Random and Specialized) interviews, no (0) offenders were identified to have been disciplined for filing sexual abuse reports of any kind. There were, to the best of the auditor's knowledge, no (0) offenders disciplined or infringed for filing any sexual abuse grievances during the reporting period.

During site review, the auditor observed grievance forms available across the facility, by which inmates may fill out grievance forms and hand it directly to staff or place it

	<p>in the appeals box. SDCC indicated routine monitoring of the appeals box for grievances.</p> <p><b>No corrective action was required for this standard.</b></p>
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115.53	Inmate access to outside confidential support services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The auditor reviewed NDOC AR 421 – Prison Rape Elimination Act (effective date: 08/30/2022); AR 421 – PREA Manual Excerpt: 5.2 Offender Access to Outside Confidential Support Services; NDOC Memorandums (subject: 115.21 (c) (e) and 115.53 Victim Advocacy (a) (b); date: 09/14/2022; signed: PREA Coordinator; &amp; subject: 115.53 Offender Access to Outside Confidential Support Services; date: 08/16/2023); SDCC 115.53 Access to Outside Confidential Support Services Handling of Mail: At-a-Glance Procedure; NDOC SDCC Inmate Orientation Manual (English; available in Spanish); NDOC Glossary; Signs of Hope Posters (English and Spanish versions); NDOC DOC 1919 Advocacy Request Form (English and Spanish versions); Contract for Services NDOC with Signs of Hope (SOH; dated: 05/31/2023) towards making compliance determinations with the provisions of this standard.</p> <p><b>Standard 115.53a:</b> SDCC provided 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. SDCC enabled reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. SDCC did not detain persons solely for civil immigration purposes; therefore, this subsection of provision 115.53a was met materially. AR 421 PREA Manual Excerpt stated, “The Department, institutions, and facilities will provide offenders with access to outside victim advocates for emotional support services related to sexual abuse. Information on how to contact the community rape crisis center is posted within housing units and intake orientation packets.</p> <p>a. Information includes the mailing address and telephone numbers available for local and state victim advocacy and/or rape crisis organizations. Each facility will develop a procedure for scheduling meetings with the victim advocate.</p> <p>2. Calls to the designated victim advocate phone line are at no cost to the offender and are treated as legal calls (not recorded)</p> <p>3. Offender victims or community victim advocates can request a private telephonic meeting through the facility PREA Compliance Manager.”</p> <p>AR 421 cited, “Each facility will provide the offender with access to outside victim</p>

advocates for emotional support services related to sexual abuse. Mailing addresses and telephone numbers will be readily available to offenders including toll-free numbers where available.

2. Each facility shall enable reasonable communication between a victim of sexual abuse and the community victim advocate in as confidential a manner as possible.” The NDOC Glossary and SDCC 115.53 Access to Outside Confidential Support Services Handling of Mail: At-a-Glance Procedure included the Rape Crisis Center (RCC) and Sexual Assault Support Services (SASS) as part of, ‘Privileged Correspondence’: “Mail between an inmate and the following person(s)...”

NDOC Memorandum provided stated, “Signs of Hope provides outside community victim advocacy for ongoing emotional support for offender victims of sexual abuse. Currently they are the only State of Nevada victim advocacy organization providing these services to incarcerated persons in our care.” The second NDOC Memorandum included information regarding how DOC 1919 Advocacy Request Form should be utilized to request services in-person (as available; secondary to geographic restrictions) or telephonic/video for victim advocacy. Per audit team communication with Signs of Hope, the designated victim advocate will arrange for provision to the victim upon forensic examination hospital services and investigatory processes (if necessary, as well as continued scheduled support via designated times for phone advocacy conversations and/or coordinating with the facility for in-person visit(s).

During intake, all offenders received a copy of the SDCC Orientation Handbook in their orientation packet (in either English or Spanish). The Handbook had a thorough description regarding Signs of Hope, including:

“Signs of Hope is a neutral third party dedicated to helping victims of sexual abuse, their services are free and not connected to NDOC. This facility has a PREA compliance manager who can connect a victim to an advocate, medical or mental health following an experience of sexual abuse. You may also contact Signs of Hope directly by phone or by sending a letter.

- To write: Signs of Hope | 801 S. Rancho Dr. #B2 | Las Vegas, Nevada 89106
- To call: Press (1) for English or (2) for Spanish | Press (0) for Private Call | Dial 702-385-2153 | Put in Pin #

Every effort will be made to ensure that your communications with the community victim advocate remain confidential. These calls are not recorded or monitored. Written correspondence will be treated as privileged mail and will be opened or inspected in your presence. Communication will be arranged in as private a manner as possible. 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.”

Upon site visit, the posters for Signs of Hope were readily viewable throughout the institution, and several offenders made reference to them during their interviews when noting victim advocacy services.

It was clear NDOC had provided rape advocacy information in an accessible format to the incarcerated population with communication, through toll-free hotlines and addresses, provided in as confidential manner as possible. Interviews with the Warden, PREA Coordinator and PCM, as well as Signs of Hope Victim Advocacy organization supported this information. Furthermore, Random and Targeted inmate interviewees, while generally unable to state the name, "Signs of Hope" in connection with sexual abuse advocacy support, acknowledged the belief that they would be able to receive relevant phone numbers and addresses regarding sexual assault advocacy services. They expressed, in their opinion, SDCC would make such victim advocate services available, if needed, in as confidential manner as possible.

The portion of this standard provision related to the facility providing persons detained solely for civil immigration purposes mailing addresses and telephone numbers of local, State, or national immigrant services agencies does not apply to SDCC. During the reporting period, per the PAQ documentation, PREA Coordinator, PCM, and all offender interviews (Randomized and Targeted), as well as site review observations there were no (0) known individuals held at the facility solely for civil immigration purposes. As the facility never (to the auditor's knowledge during the reporting period and site review) had persons detained solely for civil immigration purposes, the facility materially met this portion of the standard provision as 'not applicable.'

**Standard 115.53b:** SDCC informed 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. Per AR 421 and 421 PREA Manual Excerpt, "The facility shall inform offenders, before 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."

SDCC stipulated the facility does not monitor or record the offender phone calls to Signs of Hope. Solely if there was suspected abuse or misuse of the service would SDCC evaluate a particular offender's use of the phone. For such occasions, through investigative processes, phone call conversations were subject to review and possible disciplinary action.

NDOC, SDCC, Signs of Hope advocacy services indicated attempts to make support services available to offenders, in as confidential a manner as possible. Offenders were made aware of community victim advocacy access, confidentiality parameters, and mandatory reporting laws as provided by direct citation (115.53a) in the SDCC Inmate Orientation Handbook.

Offenders interviewed indicated they believed they would be able to receive victim advocacy services in a manner, which was as confidential as possible, while restricted by mandatory reporting requirements. During Random and Targeted interviews, incarcerated individuals were able to note Signs of Hope and NDOC PREA Poster placement in housing units, near telephones, and throughout the facility, which provided victim advocacy access. No offender interviewees acknowledged having

	<p>accessed services through Signs of Hope. However, they were able to articulate limits of confidentiality, during both Random and Targeted interviews, regarding self-harm, harm-to-others, and mandatory reporting laws (to include child and sexual abuse stipulations), applied both generally and when receiving victim advocacy services.</p> <p><b>Standard 115.53c:</b> NDOC maintained or attempted 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. NDOC, for such agreements, maintained copies of agreements or documentation showing attempts to enter into such agreements. Per AR 421 PREA Manual Excerpt, “These services offered to offender victims from an outside agency are not connected to a law enforcement agency and are at a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.” NDOC had identified Signs of Hope to be the appropriate community service entity to provide inmates with confidential emotional support services related to sexual abuse.</p> <p>NDOC provided the auditor with a fully executed contract between NDOC and Signs of Hope (dated: 05/31/2023), which the auditor reviewed and found to meet compliance for this standard sub-provision. Signs of Hope upon interview was aware of their contractual obligations to provide services to SDCC offenders, as required.</p> <p><b>No corrective action was required for this standard.</b></p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The auditor reviewed NDOC AR 421 - Prison Rape Elimination Act (effective date: 08/30/2022); AR 421 - PREA Manual Excerpt: 5.3 Third-Party Reporting; NDOC Website Information: Office of the Inspector General PREA Management Division towards making compliance determinations with the provision of this standard.</p> <p><b>Standard 115.54a:</b> NDOC had established a method to receive third-party reports of sexual abuse and sexual harassment. NDOC distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. NDOC AR 100-40 stated, “1. The Department provides and maintains at least one method to receive third-party reports of sexual abuse or sexual harassment on behalf of offenders. Information related to the methods of reporting shall be maintained on the Department's public website.</p> <p>2. If a third-party reporter expresses a fear of retaliation, the matter will be immediately reported to the OIG.</p> <p>a. The IG or designee will contact the third-party reporter to ensure referral information to an outside law enforcement agency is provided and documented within</p>



the NOTIS entry.

b. The IG or designee will make contact, if applicable, with the Warden and/or PREA Compliance Manager of the facility wherein the offender is housed.”

AR 421 furthered, “The Department shall provide a method for third parties to report sexual abuse and sexual harassment on behalf of an offender. Information on how to report sexual abuse and sexual harassment on behalf of an offender shall be posted publicly.”

Per this standard provision, information was readily available (i.e., in public areas throughout the facility on PREA posters, in the Visitor’s area via PREA Posters, and on the Agency website) to third parties providing various reporting mechanisms for how to report sexual abuse and sexual harassment. In April of 2024, the auditor confirmed posting of this information on the Department’s publicly available website. The NDOC Website Information: Office of the Inspector General PREA Management Division stated, “To Report Institutional Sexual Assault (Abuse) and/or Sexual Harassment Anonymously

If you wish to make an anonymous complaint or report information, click here [directed to: PREA Incident Report Form: PREA Administration & Compliance Services Program]

Contact the PREA Management Division by mail, email or phone.

Office of the Inspector General, PREA Management Division

P.O. Box 7011

Carson City, NV 89702

(775) 977-5587

prea@doc.nv.gov”

Per SDCC PREA Investigations and associated documentation review, SDCC had received filings from third parties during the reporting period. Interviews with the Investigators and PCM confirmed SDCC’s process to receive information from third parties related to sexual abuse and sexual harassment allegations, and to follow through with complete investigatory processes. In accordance with this finding, through offender interviews, both Randomized and Targeted, no offenders reported having requested third party assistance with filing a PREA allegation. However, all of the offenders were able to articulate how to make a report through a third party or to do so on behalf of a peer who required their assistance in filing a PREA allegation.

**No corrective action was required for this standard.**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed NDOC AR 421 - Prison Rape Elimination Act (effective date: 08/30/2022); AR 332 - Employee Reporting Responsibilities (effective date: 09/16/2014); AR 345 - Unauthorized Relationships (effective date: 10/17/2022); AR 421 - PREA Manual Excerpt: 6.0 Staff Reporting; and SDCC OP 421 - Prison Rape Elimination Act - PREA (effective date: 02/06/2022); as well as the Suspected Child Abuse Report and Nevada Department of Corrections Report Form To Adult Protective Services towards making compliance determinations with the provisions of this standard.

**Standard 115.61a:** NDOC required all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, and/or retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment that occurred in a facility, as well as any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation, whether or not it is part of the agency. AR 421 stated, "3. Staff, Contract Employee, or Volunteer Reporting

A. Any employee, contractor, or volunteer who has any knowledge, suspicion, information or becomes aware of any alleged act of sexual abuse or sexual harassment by another employee, contractor, or volunteer is required to immediately report the knowledge, suspicion, or information to his or her immediate supervisor.

1) If the allegations of misconduct concern the employee, contractor, or volunteer's immediate supervisor, the report should be made up the chain of command. The report of the alleged act of misconduct will not be referred to an employee, contractor, or volunteer who is the subject of the accusation.

2) The information that the employee, contractor, or volunteer reports is confidential and must not be disseminated outside the need and right to know.

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

C. All institutional/facility allegations of sexual abuse and sexual harassment, including third-party and anonymous reports of allegations must be reported to the PCM or designated employee. All institutional/facility allegations of sexual abuse and sexual harassment will result in a Nevada Offender Tracking." AR 421 PREA Manual Excerpt cited, "In the event that the allegations of sexual abuse or sexual harassment concern the staff member's immediate supervisor, the report shall be made to another supervisor, Warden, or OIG." AR 332 and SDCC OP 421 supported such reporting.

All Contract and Randomized Staff Interviews demonstrated understanding of the aforementioned responsibilities. All could clearly articulate their duty to report

immediately any knowledge, suspicion, or information regarding: an incident of sexual abuse, sexual harassment and/or retaliation against an inmate or staff who reported sexual abuse and/or sexual harassment, as well as any staff neglect and/or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment and/or associated retaliation. When queried to define their interpretation of, "immediate", responses indicated in a manner that was, prioritized before other duties and "...without delay."

**Standard 115.61b:** Apart from reporting to designated supervisors or officials, NDOC staff always refrained from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy (indicated in 115.61a), to make treatment, investigation, and other security and management decisions. AR 421 stated, "2) The information that the employee, contractor, or volunteer reports is confidential and must not be disseminated outside the need and right to know."

During Randomized Interviews, all staff stated their responsibilities to hold confidential the details related to sexual abuse and sexual harassment allegations, as well as retaliation reports related to the same, with disclosures only to those on a, "need to know basis." The SDCC staff were able to provide mechanisms, to include in-person, NDOC PREA website, and/or direct telephonic communication, by which they would report sexual abuse, sexual harassment, retaliation related to reporting of the same, and/or staff neglect that may have contributed to such situations confidentially.

**Standard 115.61c:** Unless otherwise precluded by Federal, State, or local law, NDOC Medical and Mental Health practitioners were required to report sexual abuse pursuant to 115.61a. NDOC Medical and Mental Health practitioners were required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Per AR 421 PREA Manual Excerpt, "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." Per NDOC 421, Mental Health and Medical staff, as all NDOC staff must follow the provisions provided in AR 421, pursuant to 115.61a. They are obligated to immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an incident of sexual abuse and/or sexual harassment, as well as retaliation related to reporting of and/or staff neglect that may have contributed to the same.

Per the Medical and Mental Health facility staff interviewed, they delineated the Duty to Report to all facility offenders, prior to receipt of any mental or medical health care. Practitioners were able to describe their specific Duty to Report and appropriate Limitations of Confidentiality, as related to 115.61a & c. During both Targeted and Random incarcerated offender interviews, most were able to describe the Limits of Confidentiality and Duty to Report, as associated to receipt of treatment from Medical and Mental Health providers.

**Standard 115.61d:** If the alleged victim was under the age of 18 or considered a

vulnerable adult under a State or local vulnerable persons statute, NDOC reported the allegation to the designated State or local services agency under applicable mandatory reporting laws. Per AR 421 PREA Manual Excerpt, "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." The appropriate forms, Suspected Child Abuse Report and Nevada Department of Corrections Report Form To Adult Protective Services, were included and reviewed by the auditor.

According to the PREA Coordinator, SDCC reported any sexual abuse of an alleged victim under the age of 18 or considered a vulnerable adult to the Office of the Inspector General (OIG). SDCC did not house Youthful Offenders in the facility. While vulnerable adults may be housed at SDCC, during the reporting period, per PAQ information and investigation review, none (0) were related to potential for reporting as related to 115.61d. Through investigatory document review, as well as inmate and staff interviews during onsite review, it appeared there were no (0) PREA allegations judged to have met criteria for mandatory reporting associated with Youthful Offenders, and/or endangered/vulnerable adult status at SDCC during the reporting period. The PREA Coordinator and PCM were able to effectively identify their reporting requirements under this standard sub-provision.

**Standard 115.61e:** SDCC reported all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. As noted in 115.61a, AR 100-40 stated, "All institutional/facility allegations of sexual abuse and sexual harassment, including third-party and anonymous reports of allegations must be reported to the PCM or designated employee. All institutional/facility allegations of sexual abuse and sexual harassment will result in a Nevada Offender Tracking Information System (NOTIS) incident report (IR)."

SDCC staff were required to report all allegations, including third party, to their immediate supervisor, who was then responsible for elevating allegation reports up the chain of command to the Warden and OIG. Upon interview, the PREA Coordinator, Warden, PCM, and Investigators indicated all such third-party and anonymous reports would be forwarded for initiation of investigatory processes. The auditor analyzed the facility's PREA Investigations documentation, which demonstrated submission of anonymously reported PREA-related allegations, which were investigated fully and brought to conclusion.

During interview, the PREA Coordinator, Warden, PCM, and Investigators, all confirmed SDCC would review every reported allegation of sexual abuse and sexual harassment, including those provided anonymously and by third party, to determine the need for investigation. Furthermore, all Random Staff interviewed acknowledged their responsibility to report all PREA-related allegations, to include those received as third party and anonymously. Interview with the OIG Investigators supported all reports of sexual abuse and harassment, to include third party and anonymously submitted, were investigated through case completion, on either an administrative or a criminal level, as appropriate. Targeted and Randomized Inmate, as well as

	<p>Specialized and Randomized Staff interviews, along with examination of PAQ documentation during the reporting period indicated PREA-related filings received during the reporting period were judged appropriately brought to the attention of the facility's investigation authorities.</p> <p><b>No corrective action was required for this standard.</b></p>
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115.62	Agency protection duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The auditor reviewed NDOC AR 421 - PREA Manual Excerpt towards making compliance determinations with the provision of this standard.</p> <p><b>Standard 115.62a:</b> When NDOC learned that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate. AR 421 PREA Manual Excerpt cited, "When the Department, institution, or facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the offender."</p> <p>Based upon interview with the PREA Coordinator, Warden, and PCM, should SDCC learn an offender was at substantial imminent risk of sexual abuse, the facility would take immediate action to assess and implement protective measures to adjust for vulnerabilities identified (as per any investigatory process). They all indicated at SDCC the alleged perpetrator would be moved (i.e., changed housing units, placed in segregation or transferred to another facility) prior to the victim in a situation involving substantial risk of imminent sexual abuse. Furthermore, the Warden stated the facility would remove any staff member involved in a credible allegation of sexual abuse from their post and place them on Administrative Leave, prohibiting access to the potential victim in situations indicative of risk.</p> <p>All Random Staff and First Responders interviewed were aware of their responsibility in situations of substantial risk of imminent sexual abuse to immediately implement risk mitigation and protection strategies against sexual abuse. Random interviews with staff also demonstrated their awareness that intervention in a situation involving substantial risk of imminent sexual abuse must occur immediately (i.e., responses clarified to mean, '...without unreasonable delay'). Specifically, all staff identified should they learn an inmate was subject to a substantial risk of imminent sexual abuse this would involve immediate implementation of protective measures, with their primary response being to ensure separation of the at-risk individual from the potential abuser(s) and notification of a supervisor of the situation.</p> <p>Per PAQ documentation and information received during the site review, over the reporting period, SDCC had no (0) identified instances in which staff were notified that inmates were subject to substantial risk of imminent sexual abuse. Therefore, there</p>

	<p>was no associated process documentation for review. Notwithstanding, during informal and Randomized Inmate interviews, the SDCC population largely expressed feeling, “sexually safe” in their environment. The offenders readily articulated should they have an issue related to sexual safety they had the opportunity to report to staff and believed the facility would prioritize management of the situation.</p> <p><b>No corrective action was required for this standard.</b></p>
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115.63	Reporting to other confinement facilities
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The auditor reviewed NDOC AR 421 - Prison Rape Elimination Act (effective date: 08/30/2022); AR 421 - PREA Manual Excerpt: 6.1 Reporting to Other Confinement Facilities; SDCC OP Prison Rape Elimination Act - PREA (effective date: 05/12/2023); and 72-Hour Notification from and to SDCC Examples towards compliance determination for the provisions of this standard.</p> <p><b>Standard 115.63a, b &amp; c:</b> Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the NDOC facility that received the allegation was required to notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The NDOC facility head was required to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The NDOC facility head documented it had provided such notification. AR 421 stated, “Reporting to Other Confinement Facilities: 1. 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.</p> <p>A. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>B. The facility shall document that it has provided such notification.”</p> <p>During interview, the Warden and PCM both indicated their awareness of the reporting requirements, as stipulated in 115.61a, b, &amp; c. Specifically, they reported upon receipt of an allegation that an inmate had been sexually abused while confined at another facility, the head of the NDOC facility in receipt of the allegation was required to notify the head of the facility or appropriate office of the agency where the alleged abuse occurred; that such notification shall occur as soon as possible, but no later than 72 hours after receiving the allegation; and their responsibility to document that such notification had been provided. The Warden noted they had ensured to document by way of direct email and letter contact with the Head of to the appropriate facility and OIG. SDCC retained documentation of this notification by way</p>

	<p>of the dated letter. The Warden and PCM were both able to articulate that the SDCC Warden shall perform this contact, whenever possible, and not a designee.</p> <p>During the reporting period, there were three (3) PREA allegations received at SDCC which required notification to another facility/jurisdiction. Documentation was provided for these incidents with the PAQ, reviewed by the auditor, and noted to have complied with all requirements of 115.61a, b, &amp; c.</p> <p><b>Standard 115.63d:</b> The NDOC facility head or agency office that received such notification ensured that the allegation was investigated in accordance with these standards. Per AR 421 PREA Manual Excerpt, “When the Department, institution, or facility receives such notifications, they shall ensure that the allegation is investigated if not already investigated.”</p> <p>There were reportedly one (1) allegation of sexual abuse (voyeurism) received at another facility for which SDCC received notification during the reporting period. This report demonstrated completion of the investigation on the part of NDOC and the receiving facility with communication, as appropriate, between the two facility Wardens and PCMs. Per interview with the PCM, Warden, and PREA Coordinator, as well as OIG Investigators, all cases would be processed and if determined to meet PREA criteria, assigned for formal investigation through to closure, regardless of the mechanism by which SDCC received the allegation. Based upon interview with the Warden, and PCM, both were able to describe the necessary protocol, related to 115.63d.</p> <p><b>No corrective action was required for this standard.</b></p>
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<b>115.64 Staff first responder duties</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The auditor reviewed NDOC AR 421 PREA Manual Excerpt towards making compliance determinations with the provisions of this standard.</p> <p>Standard 115.64a: Upon learning of an allegation that an inmate was sexually abused, the first NDOC security staff member to respond to the report was required to: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence; and ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as</p>

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.

Per AR 421 PREA Manual Excerpt, "Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall:

- a. Separate the alleged victim and abuser;
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- c. If the abuse occurred within a time period (96 hours) that still allows for the collection of physical evidence, request that the alleged victim ensures that the alleged abuser does not take any action that could destroy physical evidence including as appropriate:
  - 1) Washing/showering,
  - 2) brushing teeth,
  - 3) changing clothes,
  - 4) urinating,
  - 5) defecating,
  - 6) drinking or
  - 7) eating."

During Randomized Staff and First Responders interviews, all were able to clearly articulate their responsibilities associated with alleged victim/abuser separation, crime scene security, as well as evidence collection processes for both the victim and abuser involved in an allegation of sexual abuse.

Per the PAQ, during the reporting period, there were eighteen (18) sexual abuse allegations with one (1) victim identified to have ability to gather physical evidence, as proscribed in 115.64a. This investigation is ongoing and as such, the auditor did not receive associated details. Through the auditor's review of SDCC sexual abuse investigation documentation from the reporting period this appeared an accurate representation of First Responder needs.

By combining information, as gathered through PAQ investigation documentation, as well as interviews with the facility staff and First Responders the auditor judged SDCC to have appropriately implemented First Responder duties.



**Standard 115.64b:** If the first staff responder was not a security staff member, the NDOC responder was required to request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. AR 421 PREA Manual Excerpt stated, “If the first staff responder is not a custody staff member, the first responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then immediately notify the first custody staff member available.”

During Random Staff and Specialized interviews with non-custodial staff it was evident each understood their responsibilities, as related to First Responder duties, specifically, to establish the immediate safety of the alleged victim, requesting they not destroy any physical evidence, and ensure contact with a custody staff member. Per PAQ documentation, there were no (0) sexual abuse allegations submitted during the reporting period that met criteria for which the First Responder was a non-security staff member. Based upon the auditor’s examination of SDCC investigation documentation, as provided from the reporting period, this information appeared accurate.

Given all related interviews, as noted above, the auditor judged non-security staff were aware of their requirement to separate the alleged victim from the abuser; request the alleged victim not take any actions that could destroy physical evidence, and immediately notify security staff should they be made aware of any PREA allegation involving sexual abuse.

**No corrective action was required for this standard.**

115.65	Coordinated response
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed NDOC AR 421 - Prison Rape Elimination Act (effective date: 08/30/2022); SDCC OP 421 - Prison Rape Elimination Act (PREA; effective date: 05/12/2023); NDOC Medical 117: Sexual Assaults (review date: 07/12/2023); as well as DOC 2092 Form A: Shift Commander Interview Guide Inmate Victim Sexual Abuse; DOC 2093 Form B &amp; DOC 2094 Form C: Shift Supervisor Sexual Abuse Coordinated Response Guide towards compliance determinations with the provision of this standard.</p> <p><b>Standard 115.65a:</b> SDCC had developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse. AR 421 stated, “All facilities will develop an Operational Procedure to coordinate actions among first responders, medical and mental health practitioners,</p>

investigators, and facility leadership to be taken in response to an incident of sexual abuse." SDCC OP 421 cited the Coordinated Response with Shift Commander protocol to be followed, as documented by processes via DOC 2092 Form A: Shift Commander Interview Guide Inmate Victim Sexual Abuse, and DOC 2093 Form B & DOC 2094 Form C: Shift Supervisor Sexual Abuse Coordinated Response Guide. As well, Attachment D, contained within SDCC OP 421 provided a Matrix for Sexual Abuse PREA Report Received response. Medical Directive 117 stated purpose was, "To describe the policy and procedures for assessing offenders who report or seek attention for sexual assault during incarceration."

As reviewed, the SDCC Coordinated Response Plan included the following components, which coordinated actions among staff first responders, Medical and Mental Health practitioners, investigators, and facility leadership to be taken in response to an incident of sexual abuse.

Initially, per DOC 2092 Form A the Victim would be interviewed for determination of subsequent actions, and appropriate notifications made to Warden and/or On-call Warden; IG Supervisor and/or on-call IG Criminal Investigator; Facility PCM; and Agency PREA Coordinator.

Subsequently, depending on whether the sexual abuse had happened within a 96-hour window or not protocol would be followed based upon DOC 2093 Form B or 2094 Form C.

Per DOC 2093 Form B (Incident occurred within 96 hours (5 days)), the following steps would be taken:

1. Victim separated from alleged suspect(s). (First responder requests victim not to change clothes, urinate/defecate, brush teeth, drink or eat)
2. Escort victim to medical
3. Supervisor completed DOC 2092 Form A: Victim Interview Guide
4. Medical completed cursory exam of Victim
5. Victim offered Sexual Assault Forensic Exam: allegations involving penetration of another person (however slight, clothed/unclothed) by penis, hand, finger, object or other instrument. Contact between the mouth and the penis, vulva, anus, or breasts to include any acts involving possible exchange of body fluids.
6. Victim accepted offer/consented to a sexual assault forensic exam - Proceed to #8  
\*\*\*Medical Dr. can NOT order a sexual assault forensic exam unless inmate victim has given consent
7. Victim declined sexual assault forensic exam: Proceed to #10 \*\*Victim can request an exam within 96 hrs., case by case 120 hrs. from time incident, initiate protocol #8 and #9
8. Transport of victim to hospital for forensic exam initiated. Transporting officers

advised to have clean jumpsuit in van in event inmate clothing is collected - notate name of transporting officers

9. Sexual Assault Forensic Exam Contact and location Northern Region

Location: Renown Hospital (ER)

Contact: Sexual Assault Support Services to arrange exam prior to transport:

775-742-2596 (6am-6pm)

775-742-5266 (6pm-6am)

DOC 2093 - Form B

Incident occurred within 96 hours (5 days)

South Region and Ely

University Medical Center (UMC)

Contact: Nevada Hospitalist Group 702-450-1717 to arrange exam prior to transport

Victim Advocate: Signs of Hope: 702-385-2153

10. Victim offered Mental Health services

11. Victim accepted Mental Health offer. Supervisor will email a referral to Mental Health and Facility PREA Compliance Manager

12. Victim declined offer for Mental Health services. Advised inmate they can request mental health services later if needed

13. Identified suspect (s) secured. (Ensure suspect does not to, change cloths, urinate/defecate, brush teeth, drink or eat)

14. Suspect escorted to medical (separate from victim)

15. Suspect placed in administrative segregation pending investigation

16. Call IG Supervisor for direction on suspect rape kit for all allegations involving penetration and exchange of body fluids

17. Contact IG Supervisor if suspect is a staff member, contractor or volunteer

18. Isolate witness(s) if applicable

19. Secure crime scene and maintain the chain of custody

20. Video/Camera footage captured and saved (if applicable)

21. Pictures taken of victim and suspect for any visible abrasions, wounds or marks (if applicable)

22. IR generated: All involved staff entered reports prior to departing institution

23. DOC form 2092 and 2093 imported into IR

24. Email notification sent to Facility Wardens, IG Supervisors, Facility PREA Compliance Manager & Agency PREA Coordinator

Per DOC 2094 Form C (Incident occurred after 96 hour timeframe), the following steps would be taken:

1. Escort victim to nearest department medical unit (if applicable i.e. incident over 96 hrs but less than 1 month)

2. Medical completed cursory exam (if within parameter of #1)

3. Mental Health services offered to victim

4. If victim accepted Mental Health offer. Email referral sent to Mental Health and PCM

5. If suspect was identified, escort to medical (if incident over 96 hrs and less than 2 weeks)

6. Visible abrasions/wounds/bruising - N/A if none

7. Suspect placed in administrative segregation pending investigation (if applicable)

8. Video captured and saved (if available)

9. Generated IR in NOTIS

10. All staff involved entered reports into NOTIS

11. DOC 2092 (form A) and DOC 2094 (form C) imported into IR

12. Classification notified to review victim for appropriate housing. Yes or No

13. Email notification sent to facility PREA compliance manager & Agency PREA Coordinator

As reviewed, the SDCC PREA Response Plan involved coordination of staff, to include, executive staff, First Responders, Medical and Mental Health providers, as well as Investigators and appropriate law enforcement (OIG).

The audit team conducted interviews with a number of staff who served specific functions as members of the coordinated response team at SDCC (to include First Responders, Medical and Mental Health providers, as well as the PCM, and Warden). Each of these parties expressed understanding of their designated role, as it pertained to participation in a coordinated facility response towards an incident of sexual abuse.

However, one section of interviews generated particular concern. The Shift Supervisor who holds ultimate responsibility over initiating the response protocol was unable to

	<p>appropriately answer questions about the Coordinated Response. Furthermore, the Shift Supervisors did not have current documentation in Shift Command related to Coordinated Response protocol. When the audit team requested the SDCC PREA Coordinated Response from the facility during site inspection an outdated copy was discovered in the Shift Command PREA resource binder. This copy provided information which had been updated in SDCC’s approved PREA Coordinated Response Plan (e.g., previously noted as placing the victim in involuntary segregation, ‘require’ rather than ‘request’ victim to refrain from changing clothing, brushing teeth, etc.).</p> <p><b>Corrective Action completed</b></p> <p>The current and approved SDCC PREA Coordinated Response Plan was installed in all relevant areas of the facility with Shift Supervisors receiving appropriate training related to their responsibilities associated with implementation of SDCC’s PREA Coordinated Response. The auditor received documentation related to SDCC PREA Coordinated Response Plan and supervisorial training completion by email on 10/18/2024.</p> <p><b>Corrective action was completed for this standard.</b></p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The auditor reviewed NDOC AR 421 - Prison Rape Elimination Act (effective date: 08/30/2022); AR 421: PREA Manual Excerpt; NDOC Memorandum (subject: 115.66 Preservation of ability to protect inmates from contact with abusers; dated: 08/16/2023; signed: PREA Coordinator); State of Nevada &amp; American Federation of State, County, &amp; Municipal Employees (AFSCME), Local 4041 Collective Bargaining Agreement July 1, 2023 - June 30, 2025; and State of Nevada &amp; Fraternal Order of Police (FOP), Correctional Officers Lodge 21 Collective Bargaining Agreement July 1, 2023 - June 30, 2025 towards making compliance determinations with this standard provision.</p> <p><b>Standard 115.66a:</b> NDOC was prohibited from entering into or renewing any collective bargaining agreement or other agreement that limited NDOC’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. Based upon AR 421 PREA Manual Excerpt, “Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or</p>

of a determination of whether, and to what extent, discipline is warranted.”

Per NDOC Memorandum, “The State of Nevada American Federation of State, County, and Municipal Employees (ASCME). Local 4041 agreement 7/1/2023 – 6/30/2025 allows for the agency to remove alleged staff sexual abuses from contact with offenders pending investigation.

Refer to the following highlighted sections:

- 8.11.2 – page 24
- 8.23.3 – page 30
- 11.1.1 – page 38”

Per State of Nevada & American Federation of State, County, & Municipal Employees (AFSCME), Local 4041 Collective Bargaining Agreement July 1, 2023 – June 30, 2025:

- 8.11 POST

8.11.2 The Employer has the right to reassign employees to post assignments as required due to operational need and cross-training.

- 8.23 EMPLOYEE ASSIGNMENTS

8.23.3 Short-Term Change in Duty Assignment

8.23.3.1 The Employer 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.

- 11.1 ADMINISTRATIVE LEAVE

11.1.1 The Employer has the right to place an employee on paid Administrative Leave

Per State of Nevada & Fraternal Order of Police (FOP), Correctional Officers Lodge 21 Collective Bargaining Agreement July 1, 2023 – June 30, 2025:

- 9.17 EMPLOYEE ASSIGNMENTS

9.17.1 Change of Duty Assignments

9.17.1.1 The Employer shall have the right to assign and reassign duties among employees in a class within a work area.

- 12.2 ADMINISTRATIVE LEAVE

12.2.1 The Employer has the right to place an employee on paid Administrative Leave.

12.2.2 An employee on paid Administrative Leave is required to be available to their supervisor during the listed hours in any notification letter for their leave.

	<p>It was the auditor’s judgment there was no content written therein the contracts, as supported by NDOC Memorandum, which prohibited NDOC from reassignment of staff secondary to a sexual abuse allegation against staff.</p> <p>Per interview with the Agency Head and Human Resources representative, NDOC worked to ensure all contractual obligations they have or were working towards do not limit NDOC’s ability to remove staff from an area pending the outcome of an investigation or determination of whether, and to what extent, discipline is warranted. As explained by the Warden and PREA Coordinator, depending upon the nature of the allegations, options included temporary reassignment of the employee, redirection of the employee, or restriction of the staff member’s on-ground access during the course of the investigation.</p> <p>Based upon the auditor’s review of provided documents, NDOC retained the right to separate the staff member from the incarcerated individual when the staff had become the subject of a sexual abuse investigation. The auditor’s review of the documentation provided demonstrated compliance with this standard, such that there are no prohibitions on NDOC’s right to remove staff alleged of sexual abuse from contact with any inmate(s). NDOC demonstrated the ability to remove an alleged staff sexual abuser from contact with any offender pending the outcome of an investigation or of a determination of whether, and to what extent, discipline is warranted.</p> <p><b>No corrective action was required for this standard.</b></p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The auditor reviewed NDOC AR 421 – PREA Manual Excerpt; SDCC OP 421 – Prison Rape Elimination Act – PREA (effective date: 05/12/2023); and SDCC 2023 Retaliation Monitoring Spreadsheet towards making compliance determinations with the provisions of this standard.</p> <p><b>Standard 115.67a:</b> NDOC had 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 and designated which staff members or departments are charged with monitoring retaliation. AR 421 PREA Manual Excerpt cited, “All institutions 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.” SDCC OP stated, “The PCM shall monitor and track all offenders who report sexual abuse, or sexual harassment, or cooperate with any investigation, from retaliation by both offenders and/or staff.”</p>

· The auditor RECOMMENDs SDCC OP to include ‘staff’ verbiage in retaliation monitoring processes, which the over-riding AR 421 PREA Manual Excerpt 6.5: Department Protection Against Retaliation policy has included.

SDCC designated the PCM with oversight to protect all inmates and staff who reported sexual abuse or sexual harassment or cooperated with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. During interview, the PCM and Warden both confirmed awareness of the retaliation monitoring policy and the PCM’s oversight for retaliation monitoring duties.

**Standard 115.67b:** NDOC employed 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. Per AR 421 PREA Manual Excerpt, “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.”

During interview with the NDOC Head, PREA Coordinator, PCM, and Warden, retaliation monitoring involved the employment of multiple protection measures for inmates or staff who feared and/or experienced retaliation for reporting sexual abuse or sexual harassment and/or for cooperating with investigations. Each indicated appropriate elements, as delineated in 115.67b, which SDCC utilized in the protection of individuals monitored for potential of and/or experienced retaliation. As indicated previously, SDCC would first move or restrict programming placements of alleged perpetrators, ensuring the victim remained separated from offenders and/or staff members involved in allegations of sexual abuse and/or sexual harassment, as well as retaliation. Furthermore, per the PCM, emotional support services were continuously available to the identified victim across Retaliation Monitoring, and offered, as appropriate.

**Standard 115.67c:** As cited above, in 115.67a, except in instances where NDOC determined a report of sexual abuse to be unfounded, for at least 90 days following a report of sexual abuse, NDOC: monitored 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; monitored 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; acted promptly to remedy any such retaliation; monitored any inmate disciplinary reports; monitored inmate housing changes; monitored inmate program changes; monitored negative performance reviews of staff; monitored reassignments of staff; and continued such monitoring beyond 90 days if the initial monitoring indicated a continuing need.

AR 421 PREA Manual Excerpt cited, “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 PCM or designee monitoring will include reviewing:

- A. Offender disciplinary reports,
- B. Housing or program changes,
- C. Negative performance reviews, or
- D. Reassignments of staff...

The 90-day monitoring will continue past 90 days if the need continues.”

Interviews with the Warden and PCM demonstrated they were aware of the processes associated with the 90-day Retaliation Monitoring requirements, both by AR and in practice. SDCC understood their obligation to monitor the conduct and treatment of both those inmates and staff who had reported and those inmates who were reported to have suffered sexual abuse to see if there were change suggesting possible retaliation by inmates and/or staff. They were able to articulate the facility’s responsibility to act promptly to remedy any such retaliation. Each understood that retaliation monitoring consisted of monitoring inmates for disciplinary reports, housing and program changes, as well as to monitor staff for reassignments and negative performance reviews. Furthermore, both understood the need for continuation of monitoring past 90 days if the initial monitoring indicated a continuing need. While the PAQ noted seventeen (17) instances of retaliation having occurred during the reporting period and attached the SDCC Retaliation Monitoring Spreadsheet; this was miscited and instead indicated seventeen (17) individuals were monitored through the retaliation monitoring process, as clarified with the PCM.

**Standard 115.67d:** In the case of inmates, NDOC monitoring also included periodic status checks. AR 421 PREA Manual Excerpt stated, “In the case of offenders, such monitoring shall also include periodic status checks.”

Interviews with the PREA Coordinator, PCM and Warden indicated their awareness that Retaliation Monitoring would include periodic status checks, as warranted, to ensure any issues associated with retaliation were being appropriately identified and addressed.

**Standard 115.67e:** If any other individual who cooperates with an investigation expresses a fear of retaliation, NDOC took appropriate measures to protect that individual against retaliation. Per AR 421 PREA Manual Excerpt, “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.”

Interviews with the PCM, PREA Coordinator and Warden indicated Retaliation Monitoring conformed to the NDOC AR in practice. During the reporting period there were no (0) identified cases requiring monitoring as related to 115.67d; therefore,

	<p>none (0) met criteria for documentation review per this standard sub-provision. However, each interviewee verbalized understanding that should any other individual who cooperated with an investigation express a fear of retaliation, SDCC would take appropriate measures to protect that individual against retaliation. Specifically, all three articulated that any individual (staff or inmate) who expressed fear of retaliation related to their cooperation in a PREA-related investigation would be appropriately monitored against retaliation through the NDOC PREA Retaliation Monitoring protocol, and inclusion of any other case-relevant factors. Furthermore, should protective indicators be required, NDOC and SDCC would implement these, to protect that individual against retaliation, as in any other consideration of retaliation listed in the provisions 115.67a - 115.67d associated with this standard, above.</p> <p><b>No corrective action was required for this standard.</b></p>
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115.68	Post-allegation protective custody
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The auditor reviewed NDOC AR 421 - PREA Manual Excerpt 6.6: Post-Allegation Protective Custody; and SDCC OP 573 - PREA Screening and Classification (effective date: 05/12/2023) towards compliance determinations with the provision of this standard.</p> <p><b>Standard 115.68a:</b> NDOC ensured 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. Per AR 421 PREA Manual Excerpt, "1. All institutions and facilities 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:</p> <ol style="list-style-type: none"> <li>A. 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 [sic] at high risk for sexual victimization from an abuser.</li> <li>2. 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.</li> <li>3. The institution or facility may place the offender in involuntary segregated housing for less than 24 hours while completing the assessment.</li> <li>4. Institution and facility procedures and practice involving involuntary segregated housing shall include for the offenders, to the extent possible, access to programs, privileges, education, and work opportunities.</li> </ol>

5. The institution or facility will document in NOTIS the opportunities that have been limited, the duration of the limitation, and the reason why the limitation.
6. Any offender placed into involuntary segregation due to having been a victim or at risk of victimization shall only remain in involuntary segregation only [sic] until an alternative housing arrangement is made but shall not ordinarily exceed 30 days.
7. Any offender placed into involuntary segregation due to being a victim or a risk of victimization shall provide for a 30-day review to determine and document the continued need for separation from the general population, if applicable.”

Based upon the auditor’s assessment, SDCC was fully compliant with Standard 115.43. AR 421 PREA Manual Excerpt’s stated goal was to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, while strictly prohibiting any offender who is or was at high risk for sexual victimization from being placed into involuntary segregated housing unless no alternative means were possible. In support of 115.43a, NDOC AR required the facility to immediately evaluate any such use of protective custody with an assessment and determinations made as to why there were no available alternative means of separation from likely abusers (with the assessment completed within twenty-four (24) hours). NDOC Policy, supporting 115.43d, mandated the facility not place the offender who is at risk of potential victimization in protective custody housing unless they had conducted a thorough evaluation of why no viable alternative means of separation of the victim from abuser could be arranged.

NDOC AR, supporting Standard 115.43b, required if involuntary segregation placement was made to protect an offender from potential sexual victimization, the facility shall permit the offender access to programs, privileges, education, and work opportunities to the extent possible. Furthermore, if any programming was restricted the facility was required to document the limited opportunities, as well as duration and reason for such limitation. Supporting 115.43c, NDOC Policy required the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until the facility arranged an alternative means of separation from likely abusers, ordinarily not to exceed a period of 30 days. Any placement extending past thirty (30) days, per Policy and supporting 115.43e, necessitated review with documentation, which provided justification for the extension. In the event the placement lasted more than thirty (30) days, Policy mandated the facility conduct a review to determine the continued need for the involuntary segregation placement.

Per interview with the Warden and PCM, housing of inmates who may be at risk for sexual victimization (including post-allegation protective custody) was managed with consideration given to their safety on the basis of the offender’s dorm, housing unit, and facility, with all options considered. They expressed movement of any offender post-sexual abuse allegation to protective custody would be utilized as the last alternative; following all considerations to move the alleged abuser. Furthermore, both expressed any offender placed in protective custody at SDCC would occur only if no suitable alternative housing existed and last up to twenty-four (24) hours until SDCC facilitated transfer arrangements for the offender to an appropriate facility.

Per PAQ, there were no (0) victims placed in involuntary segregated housing during the reporting period. Housing rosters for victims of PREA allegations were reviewed while onsite, in addition to Targeted interview questions, by which the auditor confirmed the facility did not place victims in protective custody during or following PREA investigations. As follows, there were no (0) victims assigned to post-allegation protective custody for longer than thirty- (30) days awaiting alternative placement.

As noted, at SDCC, there were no instances of the use of protective custody made pursuant to Standards 115.43 or 115.68; thereby, the auditor was unable to review any documentation pursuant to inmate involuntary segregation placement secondary to any risk of sexual victimization. Based upon Specialized Interviews with the Warden, Segregated Housing Supervisor and PCM, pursuant to 115.43a, the facility understood practices as applied to 115.43 would be equivalent to those utilized towards compliance with 115.68. During interview, both the PCM and Warden were aware of and practiced refraining from placing inmates at high risk for sexual victimization in protective custody. They were able to articulate the need for immediate assessment (i.e., within 24 hours) as to the consideration of all available alternatives and determination there were no available alternative means of separation of the victim from likely abusers. Secondary to 115.43b, the facility was aware of the need to provide access to programs, privileges, education and work opportunities to the extent possible, and document any limitations to such, with the duration and reasons indicated. In consideration of 115.43c, the facility understood to assign inmates to post-allegation protective custody only until they were able to arrange alternative means of separation and transfer the victim to an appropriate location, separate from the abuser, as soon as they could facilitate transportation. Per interviews, such transfer would generally occur within twenty-four (24) hours. In compliance with 115.43d, the facility was clearly aware of their responsibility to document the basis for concern related to the victim’s safety needs and the reason why the facility could arrange no alternative means of separation if SDCC utilized involuntary segregation for this purpose. Per 115.43e, the Warden, Segregated Housing Supervisor, and PCM were aware that any offender housed for post-allegation protective custody beyond the period of thirty (30) days would require a review with documentation.

**No corrective action was required for this standard.**

<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The auditor reviewed NDOC AR 421 - Prison Rape Elimination Act (effective date: 08/30/2022); NDOC AR 457 - Investigations (effective date: 10/15/2013); AR 421 - PREA Manual Excerpt: 7.0 Criminal and Administrative Investigations; SDCC OP 422 - Search and Shakedown Procedure (effective date: 08/22/2017); SDCC OP 421 - Prison Rape

Elimination Act (PREA; effective date: 05/12/2023); SDCC OP 457 - Investigations (effective date: 05/29/2015); NDOC Office of the Inspector General - Preliminary Inquiry and Administrative Investigations Guide; Section I: Introduction; NDF Attachment A: Article 17 - Investigations & Article 18 - Authority for Investigation; as well as Investigation Tracking Spreadsheets (Offender on Offender Sexual Abuse & Sexual Harassment; Staff on Offender Sexual Abuse & Sexual Harassment); and Completed Investigations towards making compliance determinations with the provisions of this standard.

**Standard 115.71a:** NDOC conducted its own investigations into allegations of sexual abuse and sexual harassment, and did so objectively, while not promptly and as a result, not always thoroughly. NDOC conducted investigations for all allegations, including third party and anonymous reports. Per NDOC AR 421 PREA Manual Excerpt, "Investigations will be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." NDOC AR 421 PREA Manual Excerpt further stated, "The Department Office of the Inspector General Criminal Investigators are responsible for investigating all allegations of staff-on-offender sexual abuse and sexual harassment and offender-on-offender sexual abuse.

a. Investigators assigned to investigate allegations of sexual abuse or sexual assault shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

b. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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."

Per interviews with the Warden, PCM, and Investigators (OIG), reports of alleged sexual abuse and harassment were all investigated thoroughly and to completion, in an objective manner at the appropriate administrative or criminal level. Furthermore, the Investigators interviewed made no differentiation between first-party and third-party or anonymously received reports. Per both policy and interviews with the Warden, and PCM, as well as Investigators all incidents of alleged sexual abuse and sexual harassment reported were investigated, regardless of whom was the reporting party.

Based upon the auditor's review of the PAQ and attached completed investigations SDCC had generally processed investigations in a objective manner; however, a large proportion of the investigations were outstanding and therefore, not prompt. As a result, the facility likely lost valuable evidence (e.g., unable to pull video after months delay in conducting an investigation; witnesses were released, etc.) and therefore, the investigations were not as thorough as possible.

Prior to issuance of the Interim Report, SDCC made progress on compliance with the timeliness of investigations immediately following the site review, while it was difficult to determine if this process had been institutionalized. As PREA investigations are

pivotal to compliance with PREA initiatives, it was noted that it was of utmost importance that such investigations were to be completed promptly. As noted, should investigations be delayed, valuable evidence may be lost and the fidelity of the investigative process is compromised.

**Corrective Action Completed**

- The facility showed continued improvements to timeliness of investigation completion without compromising standard provision 115.71a associated with thoroughness and objectivity. Specifically, the facility and OIG looked at the investigatory process and tightened up timelines around ensuring investigations were completed promptly with timely subsequent delivery of notifications to supervisors and signatory officers for formal closure to avoid any delays. The Agency provided updates to the auditor by Spreadsheet of cases (SDCC conducted Offender on Offender Sexual Harassment; and OIG conducted Offender on Offender Sexual Abuse; Staff on Offender Sexual Abuse/Sexual Harassment). The Agency also provided copies to the auditor of all completed investigations.

As of submission of this audit ~ The Agency had ten (10) remaining Staff on Offender and two (2) Offender on Offender files open for Investigation; with only one outstanding from 2023. The Facility had three (3) outstanding files, with only one outstanding from 2023. This demonstrated substantial improvements from open files prior to the audit opening.

**Standard 115.71b:** Where sexual abuse is alleged, NDOC used investigators who have received specialized training in sexual abuse investigations as required by 115.34. Per AR 421 PREA Manual Excerpt, “The Warden or designee is responsible for assigning a facility supervisor who has completed specialized training to conduct offender-on-offender sexual harassment investigations as assigned by the Office of the Inspector General.” As noted in 115.71a, the NDOC Office of the Inspector General Criminal Investigators are responsible for investigating all allegations of staff-on-offender sexual abuse and sexual harassment and offender-on-offender sexual abuse.

The auditor reviewed the NIC Advanced and Investigator Specialized trainings, which included components of knowledge and considerations which an investigator must use to perform a successful sexual abuse and/or sexual harassment investigation consistent with PREA standards. During interview, the OIG Investigators were able to describe the training they received during Specialized Investigations Trainings, as listed above, which covered how to handle administrative and criminal sexual abuse and sexual harassment cases.

Per 115.34c, the auditor reviewed the Training Rosters provided for the PREA Investigator Interview Training. Specifically, the OIG designated investigators who conducted investigations at SDCC, and all identified were listed to have completed the training by rosters included in the PAQ. The auditor’s review of provided transcripts, was judged to support NDOC’s use of investigators who have received specialized training in sexual abuse investigations as required by 115.34.

**Standard 115.71c:** NDOC investigators gathered and preserved direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviewed alleged victims, suspected perpetrators, and witnesses; and reviewed prior reports and complaints of sexual abuse involving the suspected perpetrator. Per AR 421 PREA Manual Excerpt, "Investigators shall gather and preserve direct and circumstantial evidence, including:

- a. Any available physical and DNA evidence;
- b. Any available electronic monitoring data;
- c. Shall interview alleged victims, suspected perpetrators, and witnesses; and
- d. Shall review prior complaints and reports of sexual abuse involving the suspected perpetrators."

During interview with OIG Investigators, they described response to PREA-related incidents to obligate prompt response. Policy and practice involved First Responder promptly immediately the Shift Commander of the allegation. The OIG Investigators expressed investigation initiation would begin upon discovery. The moment of discovery as defined to be upon receipt of the PREA allegation from the victim or third-party report.

The OIG Investigators were able to describe evidence collection processes to involve integration of data from a variety of sources for corroboration, to include:

- a. Gather and preserve direct and circumstantial evidence, including any available electronic monitoring data;
- b. Interview alleged victims, suspected perpetrators, and/or witnesses; and,
- c. Review prior complaints and reports of sexual abuse involving the suspected perpetrator.

They specified evidence collection process was continuous, until case closure, with information documented on an on-going basis, and added as they gathered evidence. The OIG Investigators described a variety of evidence gathering techniques and the process by which to proceed towards substantiation of an administrative or criminal allegation of sexual abuse and/or sexual harassment. They detailed the evidence gathering processes to include preservation of direct evidence and research of circumstantial information. The Investigators further described how they would utilize video surveillance to substantiate the presence or absence of individuals in locations where PREA allegations had reportedly occurred (e.g., watching archive footage at the approximate times when the alleged incident occurred). The Investigators explained utilization of recorded telephone conversations and written communication (to include offender 'kytes', electronic messages, photographs, and/or letters) to bring into evidence. In discussion about timeliness of evidence, the OIG Investigators emphasized the importance of collecting useable physical evidence expeditiously to ensure all direct evidence was preserved and able to be utilized. During interview, the

Investigators emphasized continuous documentation of evidentiary findings was of importance to ensure case progress was documented thoroughly, objectively and in an organized manner through until investigative closure.

**Standard 115.71d:** When the quality of evidence appears to support criminal prosecution, NDOC conducted compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Per AR 421 PREA Manual Excerpt, “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 interview with OIG Investigators, they made clear during investigations appearing to support criminal prosecution, their training stipulated only to conduct compelled interviews after consultation with local prosecutors. They would then determine whether compelled interviews could pose an obstacle for subsequent criminal prosecution in the decision regarding proceeding with any interviews.

**Standard 115.71e:** NDOC investigators assessed 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. NDOC investigated 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. Per AR 421 PREA Manual Extract, “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.”

Therefore, each SDCC investigation, per policy, was to independently assess each alleged victim, suspect, and/or witness on an individualized basis and not determine their credibility based on status as an offender and/or staff member. Furthermore, NDOC AR clearly stated offenders, who are alleged victims, reporters or witnesses in PREA investigations, would not be asked or required to submit to a polygraph examination regarding the alleged sexual assault/rape, sexual abuse or sexual harassment under investigation or as part of proceeding with the investigation.

During interview with the OIG Investigators, they confirmed their role was to gather evidence and acknowledged in the process of which they would evaluate any alleged victim, suspect, and witness on an individualized basis, not meriting credibility as determined upon the individual’s status as an inmate or staff. Furthermore, the Investigators indicated that SDCC and NDOC did not request or require any offenders who are the alleged victims, reporters, and/or witnesses of sexual misconduct to submit to a polygraph or any form of truth-telling device as part of the investigative process.

**Standard 115.71f:** NDOC administrative investigations included an effort to determine whether staff actions or failures to act contributed to the abuse. NDOC



administrative investigations were documented in written reports that included a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Per AR 421 PREA Manual Excerpt, "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."

Discussion with the OIG Investigators, Warden and PCM confirmed that SDCC investigative processes followed the above protocol for administrative PREA investigations with consideration given as to whether staff actions or failures to act contributed to the abuse, description of physical and testimonial evidence, and individual assessments of credibility with investigative facts and findings.

The NDOC sexual abuse incident reviews, as reviewed for 115.86 included this process for substantiated and unsubstantiated PREA allegations. Therefore, policy and awareness of practice conformed to providing an effort to determine whether staff actions or failures to act contributed to the abuse.

**Standard 115.71g:** NDOC criminal investigations were documented in a written report that contained a thorough description of the physical, testimonial, and documentary evidence and attached copies of all documentary evidence where feasible. Per AR 421 PREA Manual Excerpt, "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."

The OIG Investigators confirmed their awareness of documentation needs and case closure processes, specifically documenting all criminal investigations in a written report that contained a thorough description of the physical, testimonial, and documentary evidence and attaching copies of all documentary evidence where feasible (as stated in 115.71a).

**Standard 115.71h:** NDOC ensured all substantiated allegations of conduct that appeared to be criminal were referred for prosecution. Per AR 421 PREA Manual Excerpt, "Substantiated sexual abuse and/or sexual harassment allegations of conduct that appear to be criminal will be referred to the Attorney General's Office pursuant to AR 708 [referral for criminal prosecution]."

a. At a minimum, the following Nevada Revised Statutes (NRS) apply:

i. NRS 212.188: Sexual Abuse of a prisoner or unauthorized custodial conduct by an employee of or contractor or volunteer for prison.

ii. NRS 200.571 Harassment

iii. NRS 200.366 Sexual Assault."

The Warden, PCM, and OIG Investigators were all aware of and able to describe NDOC

AR 421 criminal referral processes and each had the appropriate training, to their required levels, regarding how to facilitate such referrals. Per PAQ, during the reporting period, one (1) investigation was referred for criminal prosecution, as reviewed by the auditor. This referral was not picked up by the District Attorney for the associated PREA allegations based upon follow-up by the OIG.

**Standard 115.71i:** NDOC retained 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. Per AR PREA Manual Excerpt, “The Department shall retain all Administrative and Criminal reports for as long as the alleged abuser is incarcerated or employed by the Department, plus five (5) years.”

Per interview with the PREA Coordinator and PCM, NDOC followed this protocol. While onsite the PCM was able to access information as related to prior PREA reports, as requested by the auditor.

**Standard 115.71j:** NDOC ensured 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. NDOC AR 421 cited, “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.”

The Warden, OIG Investigators, PCM, and PREA Coordinator confirmed should an alleged incident meet the aforementioned conditions, SDCC would continue to carry the investigation through to completion. Based upon the auditor’s review of the provided facility investigations during the reporting period there were investigations related to staff who were no longer employed by the Department which were still brought through to closure.

**Standard 115.71l:** An outside agency does not conduct administrative or criminal sexual abuse investigations, as stated in 115.15a, all investigations are either conducted in-house at SDCC (offender on offender sexual harassment) or by OIG (offender on offender sexual abuse; staff on offender sexual abuse/sexual harassment). Therefore, SDCC was judged to have met this standard as ‘not applicable.’

**Corrective action was completed for this standard.**

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The auditor reviewed NDOC AR 421 Prison Rape Elimination Act (effective date: 08/30/2022), as well as AR 421 PREA Manual Excerpt: 7.0 Criminal and Administrative Investigations towards making compliance determinations with the provision of this

standard.

**Standard 115.72a:** It was true that NDOC did not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment were substantiated. AR 421 PREA Manual Excerpt and AR 421 Criminal and Administrative Investigations stated, “The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

During interview with the OIG Investigators and Warden, all were able to state that the standard of evidence required to substantiate administrative PREA allegations was fifty-one percent (51%) or a preponderance of evidence. The auditor reviewed SDCC’s implementation of this standard as related to the provided investigation cases associated with administrative findings over the reporting period. The ‘substantiated’ cases, as provided appeared to have met the threshold of a “preponderance of evidence”; whereas those cases deemed ‘unsubstantiated’, failed to have met the threshold of a “preponderance of evidence.” Based upon analysis, it was apparent that SDCC had utilized the preponderance of evidence threshold in attempted substantiation of cases. ‘Unfounded’ cases were reviewed and demonstrated appropriate grounds for determination that the allegation had not occurred.

Secondary to the auditor’s review of associated Investigation documentation, SDCC was judged to have applied the appropriate investigative standard for the substantiation of cases. Based upon NDOC AR, as well as the auditor’s examination of the PREA Investigations it appeared SDCC had imposed the appropriate standard of proof, of ‘not higher than a preponderance of the evidence’, when substantiating the administrative and criminal cases.

**No corrective action was required for this standard.**

115.73	Reporting to inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>  The auditor reviewed NDOC AR 421 - Prison Rape Elimination Act (effective date: 08/30/2022); AR 421 - PREA Manual Excerpt: 8.1 Reporting to Offenders; SDCC OP Prison Rape Elimination Act - PREA (effective date: 05/12/2023); NDOC: Offender Victim PREA Report Notification Form and eighteen (18) samples (as completed during the reporting period) towards making compliance determinations with the provisions of this standard.  <b>Standard 115.73a:</b> Following an investigation into an inmate’s allegation that they suffered sexual abuse in an agency facility, NDOC informed the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. AR 421 stated, “Following an investigation into an offender’s allegation

that he or she suffered sexual abuse in the Department, the offender shall be informed whether the allegations have been determined substantiated, unsubstantiated, or unfounded. The DOC's obligation to report shall terminate if the alleged victim is released from custody." AR 421, PREA Manual Excerpt added, "...or did not meet a violation of sexual abuse or harassment."

The PREA Coordinator and PCM were aware of SDCC's responsibility to complete PREA notification requirements upon closure of an SDCC inmate's allegation they had suffered sexual abuse in an NDOC facility. Such notification was made via the Offender Victim PREA Report Notification Form, which as reviewed by the auditor contained all relevant components, including case determination as substantiated, unsubstantiated, or unfounded, per 115.73a. Per auditor investigatory file review and PAQ, there were seven (7) notifications made under this standard, some of which were appended to the Investigations package. All were included in the PAQ upload for 115.73 as stand-alone documents with inmate signature and date.

**Standard 115.73b:** For all purposes, NDOC conducted all criminal and administrative investigation into inmate allegations of sexual abuse in NDOC facilities. Thus, SDCC and NDOC met this standard provision materially as, 'not applicable.'

**Standard 115.73c:** Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless NDOC determined the allegation to be unfounded, or unless the inmate has been released from custody, NDOC subsequently informed the inmate whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility; and/or NDOC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Per AR 421 PREA Manual Excerpt, "Following an offender's allegation that a staff member has committed sexual abuse against the offender, and the allegation was shown to be substantiated the offender will be notified by the Department, institution, or facility whenever:

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

Based upon interview, the PCM was aware had SDCC received an inmate allegation that a staff member had committed sexual abuse against the inmate and the findings of the investigation were substantiated or unsubstantiated, the PCM was required to make the inmate aware of the aforementioned four (4) criteria, per NDOC AR, via

appropriate confidential reporting processes. SDCC had followed through with victim notification, in cases where an offender had alleged sexual abuse committed by a staff member, and the investigation was found to be substantiated or unsubstantiated, per notifications as received in the PAQ upload.

**Standard 115.73d:** Following an inmate's allegation that he or she has been sexually abused by another inmate, NDOC subsequently informed the alleged victim whenever: NDOC learned that the alleged abuser had been indicted on a charge related to sexual abuse within the facility; and/or learned that the alleged abuser had been convicted on a charge related to sexual abuse within the facility.

AR 421 PREA Manual Excerpt cited, "Following an offender's allegation that they had been sexually abused by another offender and the allegation was shown to be substantiated the Department, institution, or facility shall subsequently inform the alleged victim whenever:

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

Based on interview, the PCM was aware of their responsibility to notify the alleged victim in such circumstances. In policy and practice, SDCC was aware of the need to follow through with notification following an inmate's allegations they had been sexually abused by another inmate when the agency learned that the alleged abuser had been indicted and/or convicted on a charge related to sexual abuse within the facility, while based upon file review and PAQ upload it did not appear as if there was documentation that applied to this standard sub-provision of the.

**Standard 115.73e:** NDOC documented all such notifications or attempted notifications. Per AR 421 PREA Manual Excerpt, 'The institution or facility shall document all such notifications or attempted notifications on the Offender PREA Report Notification form DOC 2095.'

Based upon interview with the PCM, they were aware of the responsibility to ensure documentation of alleged victim notification, as related to 115.73a through 115.73d, was completed on the NDOC Offender Victim PREA Report Notification Form. The PCM also confirmed the alleged victims would be notified in person, in a confidential manner, and documented according to NDOC policy. The auditor reviewed the SDCC notifications provided, which conformed to the requirements to provide notification to alleged victims under provisions of Standard 115.73. In Policy and practice, SDCC and the PCM were aware of the need to follow through with and document appropriate inmate notifications, as applied to Standard 115.73. The PAQ upload had eighteen (18) notification provided for the reporting period provided for the auditor's review, which were all appropriately completed with signatures and dates.

**No corrective action was required for this standard.**

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 340 1477 539">The auditor reviewed NDOC AR 421 PREA Manual Excerpt: 7.21 Disciplinary Sanctions for Staff; SDCC OP 421 – Prison Rape Elimination Act – PREA (effective date: 05/12/2023); and NDOC Prohibitions and Penalties (A Guide for Classified Employees of the Department of Corrections) towards compliance determinations with the provisions of this standard.</p> <p data-bbox="256 577 1477 904"><b>Standard 115.76a:</b> NDOC staff were subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Per AR 421 PREA Manual Excerpt, “Staff shall be subject to disciplinary sanctions up to and including termination for violating the Department's sexual abuse and sexual harassment policy.” NDOC Policy delineated that staff may be subject to disciplinary sanctions up to and including termination for violation of sexual abuse and sexual harassment policies, as encompassed under the umbrella of department policies.</p> <p data-bbox="256 943 1477 1142">The provided NDOC Prohibitions and Penalties (A Guide for Classified Employees of the Department of Corrections) provided direction regarding ‘Dismissal’, classified as ‘5’ for all items in element Q. Sexual Misconduct with or Sexual Abuse or Harassment of Inmates, with the exception of circumstances of sexual harassment (while some instances were included).</p> <p data-bbox="256 1180 1477 1424">The NDOC Head, PREA Coordinator, and Warden each confirmed their understanding of NDOC’s ability to implement such termination processes, when necessary. Per the auditor’s review of PREA Investigations, as provided with PAQ and upon site review, in closed sexual abuse and/or sexual harassment allegations against staff which merited consideration of disciplinary actions; the staff member was placed on administrative leave and resigned prior to conclusion of the investigation.</p> <p data-bbox="256 1462 1477 1621"><b>Standard 115.76b:</b> CDOC had included termination as the presumptive disciplinary sanction for staff who have engaged in sexual abuse within policy. Per AR 421 PREA Manual Excerpt, “Termination shall be a presumptive disciplinary sanction for staff who have engaged in sexual abuse.”</p> <p data-bbox="256 1659 1477 1904">Interviews with the NDOC Head Designee, PREA Coordinator, and Warden, each supported that SDCC would presumptively terminate any staff member who violated NDOC’s zero tolerance policy towards sexual abuse. All interviews with Random Staff demonstrated their understanding of NDOC’s zero tolerance policy and that sexual abuse against an inmate on the part of staff would result in termination as the presumptive disciplinary action.</p> <p data-bbox="256 1942 1477 2056">Per the PAQ and investigative file review, there were no closed (0) PREA administrative and/or criminal allegations involving sexual abuse by staff against an inmate at the facility during the reporting period that resulted in termination.</p>

**Standard 115.76c:** NDOC administered 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. Per AR 421 PREA Manual Excerpt, "Disciplinary sanctions against staff members for any violation of the agency's policy prohibiting acts of sexual abuse and sexual harassment (other than engaging in sexual abuse) against an offender will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed against other staff members for comparable offenses in similar circumstances."

The NDOC Head, PREA Coordinator, and Warden specified in applicable cases NDOC would make determination of disciplinary sanctions with consideration of the aforementioned factors, pursuant to NDOC Prohibitions and Penalties (A Guide for Classified Employees of the Department of Corrections) Types of Corrective Action and Code Description provisions.

Based upon auditor review and PAQ information, as well as site review, no (0) closed PREA allegations at YOS during the reporting period met criteria for imposing disciplinary sanctions pertaining to this standard sub-provision.

**Standard 115.76d:** NDOC ensured 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 were reported to: law enforcement agencies (unless the activity was clearly not criminal), and relevant licensing bodies. Per AR 421 PREA Manual Excerpt, "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."

During interview, the NDOC Head, PREA Coordinator, and Warden, each identified the processes by which to report all terminations for violations of NDOC sexual abuse and/or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation to relevant:

- a.) law enforcement agencies, unless the activity was clearly not criminal, and
- b.) relevant licensing boards, when applicable.

Per PAQ documentation and the auditor's review of investigatory files, there were no (0) closed PREA investigations of staff that met consideration for referrals associated with this standard sub-provision.

**Corrective action was not required for this standard.**

115.77	Corrective action for contractors and volunteers
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <p data-bbox="256 344 1477 582">The auditor reviewed NDOC AR 802 – Community Volunteer Program (effective date: 10/15/2013); AR 421 – PREA Manual Excerpt: 7.3 Corrective Action for Contractors and Volunteers; SDCC OP 421 – Prison Rape Elimination Act – PREA (effective date: 05/12/2024); as well as Negotiated Contract Terms and Scope of Work Between NDOC and Contractor template towards making compliance determinations with the provisions of this standard.</p> <p data-bbox="256 624 1477 1321"><b>Standard 115.77a:</b> NDOC ensured the contractor or volunteer who engaged in sexual abuse was prohibited from contact with inmates. In addition, NDOC reported any contractor or volunteer who engaged in sexual abuse to: law enforcement agencies (unless the activity was clearly not criminal), and relevant licensing bodies. Per AR 421 PREA Manual Excerpt, “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.” OP 421 continued, “Any contractor or volunteer who is suspected of engaging in sexual abuse shall be reported to the Warden, Associate Warden or Supervisor promptly. The appropriate Warden will take measures to ensure the contractor or volunteer is denied access to the institution until the investigation is completed.” AR 421 stipulated volunteers and contractors who engaged in sexual abuse would be prohibited from any further contact with offenders from initiation of the investigative process. Policy also instructed such individuals would be subjected to referral for criminal prosecution, when applicable. Furthermore, per NDOC AR, the Agency would report information to relevant licensure bodies for external review, as relevant.</p> <p data-bbox="256 1364 1477 1644">Furthermore, AR 802 stated, “2. If circumstances suggest that a volunteer has been compromised into a personal relationship with an inmate, or through an other situation or event, that volunteer will be excluded from the institution/facility pending investigation into the situation. 3. A volunteer who is found to have been compromised will be permanently barred from participating as a volunteer for the Department in any capacity. A. PREA related incidents will be reported to the OIG and investigated.”</p> <p data-bbox="256 1686 1477 2011">Contract language included, “If a PREA allegation of sexual abuse or sexual harassment is filed by an inmate against a contracted employee, contractor or vendor, including their employees and subcontractors, the NDOC, Office of the Inspector General will contact the contractor, or the immediate supervisor of the contracted individual, regarding the allegation. Based on the severity of the allegation, NDOC will have the authority to deny access of any contract employee, contractor or vendor, including their employees and subcontractors, from entering any correctional facility or institution.”</p> <p data-bbox="256 2054 1374 2087">During Specialized Interviews, the Warden, PREA Coordinator, and NDOC Head</p>



	<p>confirmed knowledge of associated processes for implementation of corrective action for contractors and volunteers, as related to 115.77a. Per the auditor’s review of NDOC PAQ and Investigation documentation, there were no (0) PREA investigations involving a contractor or volunteer which met criteria associated with 115.77a. This information was consistent with the auditor’s onsite record review, examination of SDCC’s Investigations, as well as facility interviews with the Warden and PCM.</p> <p><b>Standard 115.77b:</b> NDOC and SDCC, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, took appropriate remedial measures, and considered whether to prohibit further contact with offenders. AR 421 PREA Manual Excerpt stated, “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 Department sexual abuse, sexual harassment, or over-familiarity policies by a contractor or volunteer.”</p> <p>During Specialized Interviews, the Warden, PREA Coordinator, and NDOC Head confirmed their knowledge of NDOC AR and associated processes for implementation related to 115.77b. Based upon auditor review of SDCC Investigation and PAQ, as provided, there were no cases meeting criteria for the facility to take steps to restrict a contractor or volunteer from future access to the facility and/or contact with offenders, as related to 115.77b. The auditor judged NDOC to have appropriate remedial measures in place in the case of any other violation of NDOC sexual abuse or sexual harassment policies by a contractor or volunteer, by which SDCC would consider whether to prohibit the contractor or volunteer’s further contact with inmates.</p> <p><b>No corrective action was required for this standard.</b></p>
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed NDOC AR 707 – Offender Disciplinary Process (effective date: temporary 10/17/2023); AR 707.2 – Disciplinary Sanctions Supplement; AR 707 – Offender Disciplinary Process (Summary of Changes; effective date: temporary 10/17/2023); AR 421 – PREA Manual Excerpt: 7.4 Disciplinary Sanctions for Offenders; and SDCC OP 421 – Prison Rape Elimination Act – PREA (effective date: 05/12/2023) towards compliance determinations with the provisions of this standard.</p> <p><b>Standard 115.78a:</b> NDOC ensured 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, inmates were subject to disciplinary sanctions pursuant to a formal disciplinary process. NDOC AR 707, provided definitions for sexual abuse with associated disciplinary sanctions, and outlined the disciplinary process. The categorical listing was, “MJ19”, as provided included,</p>

“Sexual Assault/Sexual Abuse: Subjecting another person to any sexual act or sexual abuse, if the victim does not consent, is coerced into such act by over or implied threats of violence, is unable to consent or refuse, is against their will and/or understanding. Sexual Assault/Sexual Abuse includes any other intentional touching, either directly or through the clothing (Class A).”

Per AR 421 – PREA Manual Excerpt, “Upon completion of a criminal investigation which results in a substantiated finding for sexual abuse will result in a criminal referral to the Nevada Attorney General and may be subject to criminal charges under Nevada Revised Statute (NRS) 200.366 Sexual Assault and in accordance with Administrative Regulation (AR) 707, offender discipline MJ19 sexual assault/sexual abuse. 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.” Furthermore, SDCC OP 421, stated, “2. Offenders shall be subject to disciplinary sanctions pursuant to formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse (MJ19) or sexual harassment (MJ50).”

Per PAQ, there were four (4) inmates found administratively to have engaged in inmate-on-inmate sexual abuse at SDCC during the review period; however, upon investigation review this number was deemed inaccurate and reflected instead the number of inmate-on-inmate sexual abuse ‘allegations’ and not ‘findings’ of inmate-on-inmate sexual abuse. None resulted in a finding of sexual abuse. Nonetheless, based upon interview with the PCM and Warden, should such a situation arise, the perpetrator would be subject to disciplinary sanctions pursuant to a formal disciplinary process outlines in AR 707.

**Standard 115.78b:** NDOC had developed 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, as related to offenses of sexual abuse. Per AR 421 PREA Manual Excerpt, “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.” Per the content and disciplinary matrix provided in 707 – Class A Offense Sanctions, sanctions were dictated commensurate with the inmate’s disciplinary history and sanctions imposed in comparable offences by other offenders with similar histories.

As noted, there were no (0) inmates found administratively and/or criminally to have engaged in inmate-on-inmate sexual abuse at SDCC during the review period. Therefore, there was no documentation provided to review the imposition of penalties for such infractions. However, interviews with the PREA Coordinator, Superintendent, and PCM confirmed their understanding of disciplinary policy as related to sanctioning inmate-on-inmate sexual abuse 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.

**Standard 115.78c:** NDOC ensured that when determining what types of sanction, if any, should be imposed, the disciplinary process considered whether an inmate's mental disabilities or mental illness contributed to his or her behavior. AR 421 PREA Manual Excerpt stated, "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."

Interviews with the PREA Coordinator, Warden and PCM confirmed their understanding of AR and requirement that the SDCC disciplinary processes take into consideration whether mental illness or mental disability contributed to the inmate's behavior. While no (0) PREA allegations met criteria for sanctioning under the noted sub-provision 115.78a, based upon the auditor's review of the AR, interviews with relevant parties, and PREA-related investigations as provided with PAQ, it appeared the facility understood the associated disciplinary process, as related to 115.78c considerations.

**Standard 115.78d:** SDCC offered minimal therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse and considered whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits.

Per interviews with the PCM and SDCC Mental Health provider the facility offered minimal therapy, counseling and/or other interventions designed to address and correct underlying reasons or motivation for sexually abusive behavior. That said, more programming of this nature was available at other NDOC facilities, generally offered by Mental Health. Specifically, should an offender require such programming, SDCC would consider, as necessary, referral of the offender for placement at the appropriate location regarding the offender's treatment needs. Based upon interview, should offenders remain placed at the facility, consideration would be given regarding requirements for the offender to participate in available treatment opportunities. However, the offender would not be prohibited from accessing programming and other benefits as a condition of their participation in sexual abuse prevention treatment.

Based upon the auditor's review of the PREA-related investigations it was apparent that none (0) of the allegations met criteria for the receipt of therapy as directed by this standard sub-provision, while the facility was aware of how to place appropriate referrals to Mental Health for such services, if necessary.

**Standard 115.78e:** NDOC disciplined an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Per SDCC OP 421, "The agency may discipline an offender for sexual contact with staff only upon finding that the staff member did not consent to such contact." Therefore, NDOC may only discipline the offender secondary to engaging in sexual contact with staff upon discovery that the staff member did not consent.

Per auditor review, of PAQ and investigatory information, there were no (0) PREA-

associated investigations that resulted in disciplinary action being taken against inmates for sexual abuse committed with/against staff during the review period. The Warden, PCM, and SDCC designated Investigators confirmed this finding, as well as disciplinary sanctioning, as appropriate for 115.78e.

**Standard 115.78f:** NDOC ensured for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred did NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. AR 421 PREA Manual Excerpt stated, “For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.” Therefore, NDOC explicitly prohibited disciplinary action/infractions against an offender for submitting a report of sexual abuse made in good faith. Good faith meant when the allegation was based upon reasonable belief that the alleged conduct occurred, even when an investigation does not substantiate the allegation.

Interviews with the Warden, PCM, and SDCC-designated Investigators affirmed their understanding of this standard provision. During the review period at the facility, per PAQ Investigations documentation and information gathered during site review, including inmate (Randomized and Targeted) and staff (Random and Specialized) interviews, no (0) offenders were identified to have been disciplined for filing PREA allegations of sexual abuse. There were, to the best of the auditor’s knowledge, no (0) offenders disciplined for filing any PREA-related allegation during the reporting period.

**Standard 115.78g:** NDOC prohibited all sexual activity between inmates, while always refrained from considering non-coercive sexual activity between inmates to be sexual abuse. AR 707 stated, “MJ30 - Sexually stimulating activities, including but not limited to, caressing, kissing, or fondling, clothed or unclothed, between consensual sexual and/or amorous relationships between offenders. (Class A).” AR 707 clearly defined PREA-related prohibited behaviors as MJ19 and MJ 50, described in 115.78a. Consensual sexual activity between offenders was not included in these definitions, but instead listed as, “MJ30”, described above.

Based upon auditor’s review of Investigatory files, interviews with the Warden and PCM, as well as inmates (Randomized and Targeted), there was no evidence of non-coercive sexual activity between inmates at SDCC being considered sexual abuse.

**No corrective action was required for this standard.**

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The auditor reviewed NDOC AR 643 - Mental Health Services (effective date: 10/15/2013); AR 421 - PREA Manual Excerpt: 10.0 Medical and Mental Health Screenings; NDOC Medical 316 - Initial Department Intake Procedure for Mental Health Evaluation (review date: 04/12/2023); History of Sexual Abuse; SDCC OP 573 - PREA Screening and Classification (effective date: 05/12/2023); Mental Health Assessment - Initial Classification and/or Psychiatric Referral (History) Form); Compilation of 2023 Mental Health Referral Emailings with Offender Screenshots; and 2023 SDCC PREA Mental Health Tracking towards making compliance determinations with the provisions of this standard.

**Standard 115.81a & b:** If the screening pursuant to 115.41 indicated that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, NDOC staff ensured that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. As well, if the screening pursuant to 115.41 indicate that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, NDOC staff ensured that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. AR 421 PREA Manual Excerpt cited, "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." SDCC OP 573 and AR 643 contained associated language.

Intake Staff interviewed associated with the screening intake and 30-day process acknowledged their responsibility during Intake screenings to solicit the required information to fulfill 115.81a & b and offer appropriate referral processes to Medical and Mental Health, when required. Specifically, they understood if the offender expressed a history of sexual victimization and/or perpetration based upon the criteria, as described above, they would offer the offender a referral to Medical and/or Mental Health to discuss potential treatment needs. The offender had the right to refuse this contact while the Screening staff must document the offer of referral occurred, per Standard 115.41 processes. Mental Health staff interviewed understood their responsibility, upon receipt of such referrals, to complete the contact within 14 days, while the contacts typically occurred within much faster based upon interview and log information.

Targeted offender interviews supported that SDCC staff offered referrals for Mental Health services upon the offender's report of prior sexual victimization and/or perpetration. Those offenders who participated in Mental Health services or who had previously received them at the facility reported that they were satisfied with those offered. The auditor was provided a log of all PREA Mental Health Referrals completed during the 2023 calendar year, along with emailings that demonstrated compliance with these contacts with PAQ, as related to the requirements of these standard sub-provisions and met full compliance with 115.81a & b. The auditor spot checked the emailings in contrast to the PREA Mental Health Referrals log for five (5) patients and all were identified compliant, as stated, "PREA - PREA General Case Note - Staff

Member” in NOTIS.

Standard 115.81c: SDCC is a prison facility, not a reception center, whereby they would receive offenders directly from jail. Thus, as ‘not applicable’, SDCC was judged materially to have met this provision.

**Standard 115.81d:** NDOC ensured 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. Per AR 421 PREA Manual Excerpt, “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.” In addition, NDOC Medical 316 stated, “The confidentiality of psychiatric and mental health evaluations will be maintained per federal and state laws.”

During interview with Medical and Mental Health providers, each indicated that information they shared and provided was limited to the scope, as described in 115.81d. All other disclosures were limited as required by Federal, State, and local law. The auditor found no (0) relevant Medical and/or Mental Health notes provided in any of the reviewed Investigation nor supplemental PAQ documentation or while onsite to suggest that Mental Health and/or Medical had failed to comply with this provision. During interview with Medical and Mental Health providers, it was apparent SDCC had an understanding regarding the application of and their responsibility to comply with this standard provision.

**Standard 115.81e:** NDOC medical and mental health practitioners obtained 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. AR 421 PREA Manual Excerpt stated, “Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in a facility setting unless the offender is under the age of 18.”

During interview with SDCC Medical and Mental Health staff, they were aware of their Mandatory Reporting Duties and the Limitations of Confidentiality, as well as use of the Authorization for Use and Disclosure of Health Information form. They indicated provision of informed consent with limits of confidentiality and mandatory reporting requirements to all inmates prior to initiating any treatment. These practitioners also stated they would obtain consent from the offender prior to reporting any prior sexual victimization that did not occur in an institutional setting, per Consent: Release of Medical Information. The facility did not house offenders under eighteen years of age, per standard 115.14.

Interviews with offenders (Randomized and Targeted) confirmed their awareness of

	<p>confidentiality practices and mandatory reporting requirements for Health Care providers, as well as their decision-making abilities in reporting prior sexual abuse that did not occur in an institutional setting should they not be younger than 18.</p> <p><b>No corrective action was completed for this standard.</b></p>
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115.82	Access to emergency medical and mental health services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The auditor reviewed NDOC AR 421 PREA Manual Excerpt: 8.1 Access to Emergency Medical and Mental Health Services; and NDOC Memorandum (subject: 115.82(a) Access to emergency medical and mental health services; date: 02/15/2018; signed: PREA Coordinator) towards making compliance determinations with the provisions of this standard.</p> <p><b>Standard 115.82a:</b> NDOC inmate victims of sexual abuse received 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. AR 421 PREA Manual Excerpt stated, "Offender victims of sexual abuse shall 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."</p> <p>SDCC does not conduct forensic medical examinations onsite, as such examinations are provided offsite. First Responders and onsite Medical practitioners provide emergent treatment, responding to immediate medical care needs and evaluate the victim for any life threatening injuries prior to transport to the associated Medical Center for completion of the forensic medical examination. NDOC Memorandum clarified, "NDOC provides timely, unimpeded access to emergency medical treatment for inmate victims of sexual abuse. The nature and scope are determined by medical practitioners, should the inmate require more extensive treatment for trauma for anything beyond NDOC medical practitioners scope of practice inmates will be transported to a hospital that can provide the emergent care needed. [NP] NDOC does not have a direct contract with any hospital and utilizes entities within our PPO networks. Hometown Health (HTH) is utilized in Northern Nevada and Sierra Health Organization (SHO) is utilized in Southern Nevada. [NP] All hospitals NDOC uses will take emergency inmate patients. [contract attached]."</p> <p>Based upon interviews with SDCC Medical staff, and per NDOC AR 412, inmate victims of sexual abuse received timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services would be consistent with the judgment of Medical and Mental Health practitioners, according to their professional judgment. Medical and Mental Health Staff interviewed</p>

clearly stated their responsibilities in responding to a reported incident of sexual abuse, was in alignment with the provisions of this standard sub-provision.

Per PAQ documentation, there were one (1) offender at the facility who reported an allegation of sexual abuse during the audit reporting period who necessitated medical intervention and/or transportation to an outside facility for SANE examination, as related to 115.82a. However, the auditor did not have the file associated with this investigation at the time of the Interim Audit.

**Standard 115.82b:** If no qualified medical or mental health practitioners were on duty at the time a report of recent sexual abuse is made, NDOC security staff first responders take preliminary steps to protect the victim pursuant to 115.62. NDOC security staff first responders immediately notified the appropriate medical and mental health practitioners. As cited in AR 421 PREA Excerpt, "If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, custody staff first responders shall take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health practitioners."

Based upon Random Staff and First Responders Interviews, SDCC staff were aware of their responsibility to respond to sexual abuse incidents pursuant to 115.62 and report any such incidents to the Watch Commander, while providing immediate First Responder protection and care to the victim pending assessment and response by Medical professionals. Healthcare staff, during interview, also stated their responsibility, upon notification, to provide emergency and crisis intervention to any identified victims, as appropriate.

**Standard 115.82c:** NDOC inmate victims of sexual abuse were offered timely information about and timely access to emergency contraception and sexually transmitted infections (STIs) prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. AR 421 PREA Manual Excerpt cited, "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."

During interview, SAFE/SANE staff identified their responsibilities associated with providing timely information and access to emergency contraception and STIs prophylaxis, as cited in 115.82c. SDCC Medical staff were able to articulate their responsibilities to provide support and follow-up medical care to victims of sexual abuse, to include facilitating initial transfer to the designated community health care facility for a SAFE/SANE forensic medical examination. Upon return to SDCC, the Medical providers reported they would ensure provision of follow-up care interventions associated with STI prophylaxis and necessary community referrals, as required (Note: SDCC does not incarcerate females, while NDOC does offer comprehensive information and timely access to all lawful pregnancy related medical services and community referrals, if indicated).

**Standard 115.82d:** Treatment services as provided by NDOC are available to the victim without financial cost and regardless of whether the victim names the abuser



	<p>or cooperates with any investigation arising out of the incident. AR 421 PREA Manual Excerpt stated, "Treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."</p> <p>When speaking with a SANE provider, as well as SDCC Medical staff, each indicated that victims' who required services associated with sexual abuse treatment would receive these services without financial cost.</p> <p><b>No corrective action was required for this standard.</b></p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed NDOC AR 421 - PREA Manual Excerpt: 8.2 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers towards making compliance determinations with the provisions of this standard.</p> <p><b>Standard 115.83a:</b> SDCC offered 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. Per AR 421 PREA Manual Excerpt, "The institution or facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility."</p> <p>Per the PCM, as well as Medical and Mental Health staff Interviews, SDCC offered medical and mental health evaluation and, as recommended, treatment to all inmates who have been victimized by sexual abuse in any prison, lockup, or juvenile facility. Based upon interviews with the Healthcare providers, there were duty Medical staff available onsite, and Mental Health staff available routinely, during business hours. Both Medical and Mental Health services had staff available during regular business hours. The facility's Health Care services staff understood their responsibility to offer Medical and Mental Health services to any victims of sexual abuse in a timely fashion.</p> <p><b>Standard 115.83b:</b> The evaluation and treatment of such victims at SDCC included, 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. Per AR 421 PREA Manual Excerpt, "The evaluation and treatment of such victims shall 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."</p>

Per interviews with SDCC Healthcare staff they understood their duty to ensure follow-up services and treatment plans were developed secondary to SAFE/SANE contacts, and when necessary, place appropriate referrals for continued care based upon the victims transfer to or placement at other facilities or upon their custodial release. As stated above, the facility's Health Care services staff understood their responsibility to offer Medical and Mental Health services in a timely fashion, including in such cases transfer occurred, to ensure continuity of care communication and carry treatment plans through to completion.

As the auditor had not yet received the investigation associated with SANE examination during the reporting period that met criteria for this standard sub-provision, there was no documentation available to corroborate such follow-up. However, it was clear SDCC Healthcare providers recognized their responsibility to develop follow-up and individualized treatment planning and should a victim transfer or release to the community the Healthcare team shall connect the victim with appropriate medical and mental health services, to include victim advocacy.

**Standard 115.83c:** SDCC provided such victims with medical and mental health services consistent with the community level of care. As per AR 421 PREA Manual Excerpt, "The institution or facility shall provide such victims with medical and mental health services consistent with the community level of care."

There was one (1) sexual abuse investigation that arose to the level of providing Healthcare services for in-custody sexual abuse during the reporting period. However, as the auditor had not yet received this investigation, as noted above, there was no documentation to review for this standard sub-provision. However, based upon interviews with offenders, as well as SDCC Medical and Mental Health practitioners, each stated they believed services provided through SDCC Health Care to victims of sexual abuse would be consistent with the community level of care.

**Standard 115.83d, & e:** Inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests via NDOC policy. If pregnancy results from the conduct described in paragraph 115.83d, such victims received timely and comprehensive information about and timely access to all lawful pregnancy-related medical services via NDOC policy. AR 421 PREA Manual Excerpt cited, "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."

Notwithstanding, SDCC did not incarcerate female offenders and was therefore judged to have materially met this sub-provision as 'not applicable.'

**Standard 115.83f:** NDOC and SDCC offered inmate victims of sexual abuse while incarcerated tests for sexually transmitted infections as medically appropriate. AR 421 PREA Manual Excerpt cited, "Offender victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections as medically appropriate."

During interview, SANE and SDCC Medical staff were able to articulate their responsibilities to provide support and follow-up medical care to victims of sexual abuse, to include facilitating initial transfer to the designated community health care facility for a SAFE/SANE forensic medical examination. The community designated SANE contact provided information about forensic medical examination provision, including counseling and testing related to STIs, as well as prescribed follow-up for the facility upon the patient's return. SDCC Medical staff acknowledged and were able to explain their duty to support victims of sexual abuse and ensure they provided appropriate follow-up counseling associated with STIs, including provision of prophylaxis and referrals, as applicable.

**Standard 115.83g:** Treatment services were provided by NDOC and SDCC to the victim without financial cost, regardless of whether the victim named the abuser or cooperated with any investigation arising out of the incident. AR 421 PREA Manual Excerpt stated, "Treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

When speaking with a SANE provider, as well as SDCC's Medical staff, each indicated victims' who required services associated with sexual abuse treatment would receive these services without financial cost, regardless of the victim's willingness to cooperate in the investigation and/or name the alleged abuser.

**Standard 115.83h:** NDOC and SDCC attempted 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. Per AR 421 PREA Manual Excerpt, "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 interview with the PCM, as well as Medical and Mental Health staff assessment of this nature may occur at SDCC. However, offenders in such circumstances would likely require placement another facility secondary to such offending behavior. That said contact with a mental health provider would occur in a timely fashion for such an assessment and generally be performed in a period much less than 60 days, per clinical report.

**No corrective action was required for this standard.**

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The auditor reviewed NDOC AR 421 Prison Rape Elimination Act (effective date: 08/

30/2022); NDOC AR 421 PREA Manual Excerpt 8.3 Sexual Abuse Incident Review; NDOC SDCC OP 421 Prison Rape Elimination Act - PREA (effective date: 02/06/2022); Sexual Abuse Incident Review (SAIRs) samples and one (1) NDOC SAIR Template towards making compliance determinations with the provisions of this standard.

**Standard 115.86a:** Per policy, SDCC conducted a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation had not been substantiated, unless the allegation had been determined 'unfounded.' AR 421 stated, "The investigative staff member assigned to investigate allegations of staff-on-offender sexual abuse, and offender-on-offender sexual abuse will participate in the mandatory Sexual Abuse Incident Review (SAIR) Committee at the conclusion of each investigation if the allegation is substantiated or unsubstantiated." Per AR 421 PREA Manual Excerpt, "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."

Per the PAQ, SDCC completed seven (7) administrative and/or criminal investigation of sexual abuse during the reporting period. However, there were only three (3) indicated to have completed SAIRs. This was secondary to four (4) cases remaining open/pending closure. SAIRs were completed for the other three (3) cases and reviewed by the auditor, which met criteria for 115.86a.

**Standard 115.86b:** Per policy, a sexual abuse incident review ordinarily occurred at SDCC within 30 days of the conclusion of the investigation. While this was NOT stated in the SDCC OP 421, it was delineated in AR 421 PREA Manual Excerpt, "The SAIR shall ordinarily occur within 30 days of the conclusion of every substantiated and unsubstantiated sexual abuse investigation, whether administrative or criminal."

The completed documentation required was the NDOC SAIR Form, which was submitted as a report in each case for which the committee met. The SAIR included, but was not limited to, determinations made pursuant to 115.86 and any recommendations for improvement, as related to the completed PREA investigation. The auditor received SAIRs, which demonstrated SDCC typically completed the SAIR within 30-days of notification of closure of the investigation.

- There was concern with this standard provision, as per AR 421 PREA Manual Excerpt, "The Department PREA Coordinator or designee will notify the facility PCM when a sexual abuse investigation has been officially closed". However, there had been significant delays, as identified in 115.71 in the PREA Coordinator's notification of conclusion of the investigation to formally close the case. This would impede in the facility's ability to comply with the expectation of this standard sub-provision, in that a SAIR was to ordinarily occur within 30 days of the conclusion of the investigation, which would be delayed if the PREA Coordinator at NDOC was not being notified of the conclusion of the investigation in a timely fashion.

**Standard 115.86c:** Per SDCC OP 421, "The review team shall consist of, but not limited to, the Associate Warden, Psychologist III, Director of Nursing/Charge Nurse, Lieutenant, PREA Compliance Manager and Investigator assigned to the

investigation.”

The SAIRs conducted during the review period, as received by the auditor, appeared to have involved participation from the majority of the aforementioned participants (the attendees listed included the Associate Warden, PCM, Shift Commander, Medical and Mental Health Practitioners, and OIG Investigator).

**Standard 115.86d:** Per SDCC AR 421, the SAIR Committee was required to consider all components of 115.86d and provide documentation of such. Specifically, policy stated, “The review team shall consider the following:

- 1.) Does the allegation or investigation require a change of policy or practice to better prevent, detect, or respond to sexual abuse;
- 2.) Consider whether the allegation was motivated by race; ethnicity; gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation or was motivated or otherwise caused by other group dynamics at the facility.
- 3.) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable the abuse.
- 4.) Assess the adequacy of staffing levels in that area during different shifts;
- 5.) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- 6.) Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement. This report shall be generated within the NOTIS System - Incident Detail Screen - specifically attached to the assigned IR# of the Incident.”

Based upon the auditor’s review of the completed SAIRs, the Committee gave general consideration towards all of the aforementioned items (115.86d1 through 115.86.d6). Specialized interviews with the Warden, PCM, and PREA Coordinator indicated the PREA SAIR Committee reviewed sexual abuse incidents based upon the criteria included in 115.86d and ensured examination of the incident to determine if improvements could be implemented to prevent future occurrence.

**Standard 115.86e:** Per policy, SDCC shall implement the recommendations for improvement, or document its reasons for not doing so. AR 421 PREA Manual Excerpt stated, “The Warden shall consider implementing recommendations for improvement or document the reasons for not doing so [NOTE: recommendations as pursuant to 115.86d].”

Based upon auditor’s review of the SAIRs provided, there were no noted recommendations on the forms; therefore, no documented reasons for not implementing said recommendations. Notwithstanding, the SAIR form does not have a section provided to make particularly clear that recommendations have been being provided. \*NOTE\* It is suggested the Agency consider revising the SAIR form to

	<p>update with a section at the bottom to include a signature block for sign off of the SAIR and listing of relevant recommendations or indication that none have been identified, along with an associated box to provide rationale for not implementing recommendations and/or dates of corrective actions identified with completion.</p> <p>During interview, the Warden and PCM were able to articulate their responsibilities as related to completion of the SAIR, and requirements to implement recommended actions or document reasons for not doing so.</p> <p><b>Corrective action was not issued for this standard.</b></p>
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<b>115.87</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The auditor reviewed NDOC policy outlining sexual abuse data collection and annual aggregated data report preparation from AR 421 PREA Manual Excerpt: 8.4 Data Collection; Survey of Sexual Victimization (SSVs; 2012 through 2022); and NDOC website PREA Incidents and Annual Reports towards making compliance determinations with the provisions of this standard.</p> <p><b>Standard 115.87a:</b> NDOC collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. AR 421 PREA Manual Excerpt stated, “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.”</p> <p>During interviews, the PCM and PREA Coordinator were both aware of their respective duties and processes associated with the collection of accurate, uniform data for every PREA allegation of sexual abuse using a standardized instrument and set of definitions, as outlined in the Federal Survey of Sexual Violence (SSV). The PCM acknowledged part of their duties included continuous maintenance of a log of all sexual abuse allegations at the facility. The PCM also indicated responsibilities to upload associated data to the NDOC-designated electronic site. The PREA Coordinator expressed their oversight of data collection, and aggregation of such information, to include submission of the applicable Department of Justice (DOJ) Survey of Sexual Violence (SSV).</p> <p><b>Standard 115.87b:</b> NDOC aggregated the incident-based sexual abuse data collected pursuant to 115.87a at least annually. Per AR 421 PREA Manual Excerpt, “The Department shall aggregate the incident-based sexual abuse data at least annually.”</p> <p>As stated, the PREA Coordinator was responsible for development of an NDOC Survey of Sexual Violence report based upon all PREA incident-based data submitted by the</p>

Agency's facilities and contracted sites. Per AR 421, this report was generated on an annualized basis using the uniform definitions of sexual abuse and provided federally mandated data.

During interviews and site review, the auditor confirmed with staff their participation in PREA data collection, at various levels, as required. The PCM understood their obligation to upload to the NDOC-supported system all PREA incident-based data as a necessary component for standardized data collection. The PREA Coordinator and Deputy Director confirmed their roles towards completion of the SSV. During interview, the PREA Coordinator articulated awareness of the report components. They also endorsed their responsibility to produce an incident-based, Agency-wide, aggregated sexual abuse data review on a yearly basis, with material redacted, as appropriate.

**Standard 115.87c:** The NDOC incident-based data included, 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.

NDOC were able to produce both Agency-wide PREA Annual Reports and yearly Survey of Sexual Victimization reports for submission to the Department of Justice (DOJ). The auditor reviewed the completed 2021 and 2022 SSV-2 - State Prison System Summary Form (Adult; SSV-2; and was provided SSVs from 2012 through 2022 to show compliance), as well as reviewed 2021 and 2022 Agency-wide Annual Reports (available on the NDOC website from 2009 through 2022), which met requirements for this standard provision.

**Standard 115.87d:** Per AR 421, "The Department shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews." NDOC maintained, reviewed, and collected data, as needed from all available sexual abuse incident-based documents, including reports, investigation files, and sexual abuse incident reviews. As part of the required sexual abuse, incident-related data upload by each facility, every allegation required inclusion of the initial report and investigatory file, as well as victim notification, retaliation monitoring, and PREA sexual abuse incident review, as relevant.

As noted, the PCM was aware of their responsible oversight at SDCC to ensure all relevant data (to include incident-based documentation; as well as reports, investigation files, and SAIRs) was included with each PREA allegation uploaded to the NDOC centralized system. During interview, the PCM and PREA Coordinator were both aware of their responsibility to ensure all PREA incidents contained the requisite information in the NDOC electronic database.

**Standard 115.87e:** NDOC obtained incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. NDOC AR 421 PREA Manual Excerpt stated, "The Department shall also obtain incident-based and aggregated data from every private facility should the Department contract for the confinement of its offenders."

	<p>During interview the PREA Coordinator affirmed their responsibility to collect incident-based and aggregated data from each contracted facility for submission with the SSV.</p> <p><b>Standard 115.87f:</b> NDOC provided the Department of Justice (DOJ) with data from the previous calendar year upon request, no later than June 30th of the requesting year. Per AR 421 PREA Manual Excerpt, “Upon request, the Department shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.”</p> <p>Per interview with the PREA Coordinator, NDOC, upon request, would provide all such data from the previous calendar year to the DOJ. The auditor additionally based compliance determination for this provision upon review of SSV-2 summary forms provided by NDOC detailing the aggregated data submitted to the DOJ for the years 2012 through 2022, as well as the NDOC Incidents and Annual Report, which provided overview of 2009 through 2022.</p> <p><b>No corrective action was required for this standard.</b></p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed NDOC AR 421 – PREA Manual Excerpt: 8.5 Data review for corrective action; NDOC SDCC OP 421 – Prison Rape Elimination Act – PREA (effective date: 05/12/2023), as well as the agency external website with PREA annual report documentation (2009 through 2022 NDOC Annual Reports available); as well as reviewed specifically 2019 through 2022 NDOC Annual PREA Reports towards compliance determinations with the provisions of this standard.</p> <p><b>Standard 115.88a:</b> NDOC reviewed 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, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>Locally, per OP 421.17 Data Review for Corrective Actions, “1. The Warden and PCM shall review data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training by:</p> <ul style="list-style-type: none"> <li>A. Identifying problem areas;</li> <li>B. Taking corrective actions on an ongoing basis; and</li> <li>C. The NDOC PREA Coordinator shall prepare an annual report of its findings and</li> </ul>



corrective actions taken by the facility.”

Agency wide, per AR 421 – PREA Manual Excerpt, “The Department shall review data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including 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.”

Per AR, NDOC shall review all data collected and aggregated pursuant to standard 115.87. The Agency PREA Coordinator, annually, reviewed and analyzed incident-based data collected performing integration to create aggregated, de-identified data. NDOC utilized this processed data in order to assess and improve the effectiveness of its prevention, detection, and response policies, practices and training in the elimination of sexual abuse. Furthermore, these findings directed NDOC towards ensuring they were able to identify problem areas, implement corrective action on an ongoing basis, and prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Based upon review of the Annual Reports, the PREA Coordinator held the responsibility to document the report as an examination of findings and corrective actions for each facility, including high-level summary and detailed facility analyses. They were then required to aggregate these findings and corrective actions into findings and corrective actions, at the Agency level. The report, thereby, facilitated NDOC’s ability to identify problem areas and take corrective actions on an ongoing basis.

During interview, the Warden, PCM, PREA Coordinator and NDOC Head acknowledged collection and utilization of facility level and Agency aggregated data, accordingly. Furthermore, they both supported SDCC and NDOC’s utilization of this information, on an ongoing basis, to address problem areas and take corrective actions.

**Standard 115.88b:** NDOC’s Annual Reports included 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. Specifically, per AR 421 PREA Manual Excerpt, analysis as related to NDOC’s annual report included a comparison of the current focus year to the prior year(s) data, along with previous corrective actions implemented to address sexual abuse. AR 421 PREA Manual Excerpt stated, “Such reports shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the Department’s progress in addressing sexual abuse.”

Thereby, NDOC had a mechanism in place to provide an assessment regarding their progress in addressing sexual abuse. NDOC utilized the report as a tool to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, and used comparison data corrective actions from previous years for analysis. Per the PREA Coordinator, this report production consistently occurred, on an ongoing, annualized basis. The auditor's review of 2009 through 2021 CDOC PREA Annual Reports conformed to this standard sub-provision.

**Standard 115.88c:** NDOC's annual report was approved by the Agency head and made readily available to the public through its website. Per NDOC Policy and based upon the auditor's review of 2009 through 2021 PREA Annual Reports, facility and agency level data was aggregated annually. AR 421 PREA Manual Excerpt stated, "The agency's report shall be approved by the Director and made readily available to the public through its website."

While the PREA Coordinator was responsible for gathering and aggregating data from each of NDOC's facilities, as well as analyzing and collating the information into report format, the final report required approval of the NDOC's Head. Once approved the report was posted on the NDOC website and publicly available at: Prison Rape Elimination Act Incidents by Year and Outcome | Nevada Department of Corrections (nv.gov).

During interview the PREA Coordinator and NDOC Head were both aware of their responsibilities associated with the production of this report, annually, with the required components associated with 115.88. The Agency PREA Annual Reports were located on the NDOC Main Page, under tab - PREA Management Division; tab - PREA Incidents and Annual Reports. These reports were publicly viewable, as accessed by the auditor on the NDOC website in April of 2024, and available from 2009 through present. The auditor reviewed prior years' reports (2019 through 2022 PREA Annual Reports) on the Agency's website, which conformed to this standard provision.

**Standard 115.88d:** NDOC indicated the nature of the material redacted where it redacted specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility. Per AR 421 PREA Manual Excerpt, "The Department may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted."

The PREA Coordinator, who held responsibility for generating this report, indicated during interview that NDOC's PREA Annual Reports conformed to all provisions of standard 115.88, including solely providing de-identified data. The auditor reviewed the NDOC PREA Annual Reports from 2019, 2020, 2021 and 2022, and found all Reports appropriately de-identified, with no apparent redactions that would require notification of the material redacted for publication.

**No corrective action was required for this standard.**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed NDOC AR 421 - PREA Manual Excerpt: 8.6 Data storage, publication, and destruction; and NDOC website content of the PREA Annual Report publications (2009 through 2021) towards compliance determinations with the provisions of this standard.

**Standard 115.89a:** NDOC ensured data collected pursuant to 115.87 was securely retained. Per AR 421, "The Department shall ensure that data collected pursuant to §115.87 are securely retained." NDOC data collection and retention measures, as explained in 115.87 and 115.88, ensured data collected pursuant to 115.87 (including both incident-based and aggregated), were retained securely in both paper files and electronic format.

During interview, the PREA Coordinator indicated that NDOC held all PREA allegation, incident-based and aggregate data, in the appropriate location of the electronic portal. Locally, the PCM and PREA Coordinator reported facility data (i.e., investigatory files) were stored securely behind lock and key, and each incident, along with any associated corrective actions, uploaded to the designated electronic repository.

**Standard 115.89b:** NDOC made 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. Per AR 421 PREA Manual Excerpt, "The Department shall make all aggregated sexual abuse data, from facilities under its direct control, and any facilities it contracts with, readily available to the public at least annually through its website." NDOC utilized website publications as a means by which to disseminate aggregated data.

During interview, the PREA Coordinator confirmed upload of this publication on an annual basis. The auditor visited the NDOC website in April of 2024 and confirmed the website was publicly accessible at Prison Rape Elimination Act Incidents by Year and Outcome | Nevada Department of Corrections (nv.gov). The auditor confirmed appropriate reports associated with the Agency's PREA Annual Report publications were uploaded and available, the most recent of which was the 2022 PREA Incident and Annual Report.

**Standard 115.89c:** NDOC removed all personal identifiers before making aggregated sexual abuse data publicly available. Per NDOC AR 421, "Before making aggregated sexual abuse data publicly available, the Department shall remove all personal identifiers [as cited in 115.89b]" and confirmed by the auditor's review of the 2019 through 2022 NDOC PREA Annual Reports, all personal identifiers had been appropriately removed before making aggregated sexual abuse data publicly available.

During interview, the PREA Coordinator confirmed personal identifier information redaction occurred prior to the publication of all NDOC PREA Annual Reports.

	<p><b>Standard 115.89d:</b> NDOC maintained 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 required otherwise. For NDOC, there was no Federal, State, or local law requiring data retention, otherwise. Based upon AR 421 PREA Manual Excerpt, “The Department shall 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.”</p> <p>Per interview with the PREA Coordinator, NDOC data maintenance conformed to the regulations, as described above. While onsite, the auditor received viewable access to the secured site, demonstrating the process by which NDOC retained records of PREA allegations and completed investigations.</p> <p><b>No corrective action was required for this standard.</b></p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The auditor reviewed the NDOC PREA Audit Announcement, and NDOC Agency publicly available website towards making compliance determinations with the provisions of this standard.</p> <p><b>Standard 115.401a:</b> SDCC was audited in February of 2020 (Final Report: 09/18/2020) during the final year of the previous Audit Cycle. The auditor reviewed the NDOC website, which provided information regarding all PREA Audits conducted, demonstrating every facility operated by NDOC had a PREA audit completed at least once every three (3) years in the previous audit cycle.</p> <p><b>Standard 115.401b:</b> NDOC had ensured auditing of at least one-third of the facilities they operated during the current and prior audit cycles. During interviews, the PREA Coordinator, the NDOC Head Designee and Superintendent all expressed their understanding of the importance for NDOC to maintain PREA Audit Cycle standards.</p> <p><b>Standard 115.401h:</b> During inspection of the physical plant members of the SDCC executive team escorted the audit team throughout the facility. The team received unfettered access throughout the institution. Specifically, SDCC neither barred nor deterred the auditors from entry to any facility areas. SDCC granted access to all areas, including those to which offenders would or may have ability to be present alone or by escort, as well as those where staff would be present only. The audit team had the ability to ask questions privately of offenders and staff as they proceeded throughout the physical site inspection, as well as freely observe all areas without incumbrance. On any occasion the audit team requested to backtrack or had questions related to an earlier point of the site inspection, the SDCC team</p>

readily provided return entry and inspection.

**Standard 115.401i:** The auditor's request for documentation pre-audit and post-audit was timely. While onsite the auditor judged access to documentation and electronic files to be open and provided efficiently. When the audit team requested copies of electronic or paper documents for proof of practice, designated SDCC staff printed or scanned/uploaded and emailed the relevant documentation. Post-site review, the auditor requested additional information via the PREA Coordinator and PCM, who uploaded documents to OAS or email, as appropriate, to ensure protection of confidentiality. The auditor received documentation in a timely fashion. Whenever the auditor made a request information was provided in a thorough and organized fashion.

**NOTE:** There were significant issues related to the Online Audit System (OAS) during the course of this audit from mid-March through early April in that when the auditor attempted to open and/or download documentation error messages would result. This posed a substantial obstacle on the timely submission of the Interim Report and as a result the report was delayed by several weeks.

**Standard 115.401m:** The audit team was able to conduct interviews with each offender, as requested. The interview rooms provided for offender interviews were soundproof and moderately visually confidential from other offenders, while easily accessible to inmate interviewees. The SDCC staff ensured auditors did not have to wait between interviews by staging offenders for interviews. Furthermore, staff brought inmates for interview without question and did not appear, in any manner, to discourage participation. To the best of the auditor's knowledge one (1) offender declined interview participation.

**Standard 115.401n:** During site review, the audit team observed posting of the auditor's attendance at the facility as uniformly accessible throughout the facility, which the facility posted ahead of the audit. SDCC had provided proof of practice by way of photographs taken at a variety of audit postings in relevant locations throughout the facility, which the auditor received by supplemental upload. During the site review, audit team members saw the posting in the housing units and areas of high traffic for both offenders and staff. The postings included a manner by which inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor did not receive any correspondence from the offender population prior to or following the audit.

**No corrective action was required for this standard.**

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**Standard 115.403a:** NDOC has published on its agency website, and has made publicly available, all Final Audit Reports. The auditor was able to locate the SDCC Final PREA Audit report conducted during the previous audit cycle, and facility audits completed during the prior three years on the NDOC publicly available website. For SDCC, the site review was conducted on February 3 to 6, 2020 with the Final report completed September 18, 2020. The auditor located the Final Report on the NDOC website, at [https://doc.nv.gov/About/NDOC\\_Office\\_of\\_the\\_Inspector\\_General/PREA\\_Incidents\\_and\\_Annual\\_Reports/](https://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/PREA_Incidents_and_Annual_Reports/). To access the report on the NDOC website, the auditor navigated to a tab, 2020 PREA Incidents and Annual Reports, which included Final PREA Audit Reports. While deficiencies were identified and brought into compliance during the previous review prior to issuance of an Interim Report, corrective action was required. SDCC was documented in the Final Report to have met all standards.

**No corrective action was required for this standard.**

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	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
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	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
<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	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
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	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
<b>115.33 (d)</b>	<b>Inmate education</b>	
	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
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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)	yes



	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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?	
<b>115.42 (a) Use of screening information</b>		
	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
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c) Use of screening information</b>		
	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?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	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.)	yes
	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.)	yes
	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.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	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
<b>115.43 (d) Protective Custody</b>		
	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
<b>115.43 (e) Protective Custody</b>		
	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
<b>115.51 (a) Inmate reporting</b>		
	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
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	



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

<b>(f)</b>		
	<p>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.)</p>	yes