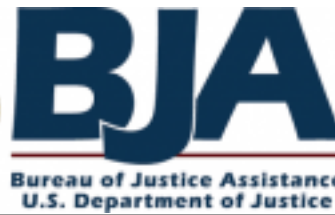


# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of facility:</b>		<b>Nevada Southern Detention Center</b>	
<b>Date report submitted:</b>		<b>March 11, 2015</b>	
<b>Auditor Information</b>		<b>Barbara Jo Denison</b>	
<b>Address:</b>		<b>3113 Clubhouse Drive, Edinburg, Texas 78542</b>	
<b>Email:</b>		<a href="mailto:denisobj@sbcglobal.net"><b>denisobj@sbcglobal.net</b></a>	
<b>Telephonenumber:</b>		<b>956-566-2578</b>	
<b>Date of facility visit:</b>		<b>March 2-4, 2015</b>	
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>		<b>2190 E. Mesquite Ave., Pahrump, NV 89060</b>	
<b>Telephone number:</b>		<b>775-751-4500</b>	
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>		<b>Juan Ibarra</b>	<b>Title:</b>
<b>Email address:</b>		<b>Juan.ibarra@cca.com</b>	<b>Assistant Warden</b>
			<b>775-751-4500 ext. 14502</b>

Agency Information		
Name of agency:	<b>Corrections Corporation of America</b>	
Governing authority or parent agency: (if applicable)	<b>NA</b>	
Physical address:	<b>10 Burton Hills Blvd., Nashville, TN 37215</b>	
Mailing address: (if different from above)		
Telephone number:	<b>615-263-3000</b>	
Agency Chief Executive Officer: <i>Damon Hininger</i>		
	Title:	<b>President and Chief Executive Officer</b>
Email address:	<b>Damon.hininger@cca.com</b>	Telephone number: <b>615-263-3301</b>
Agency-Wide PREA Coordinator		
Name:	<i>Lisa Hollingsworth</i>	Title: <b>Senior Director, PREA Programs and Compliance</b>
Email address:	<b>Lisa.hollingsworth@cca.com</b>	Telephone number: <b>615-263-6915</b>

## AUDIT FINDINGS

### NARRATIVE:

The PREA audit of the Nevada Southern Detention Center (NSDC) was conducted on March 2-4, 2015 by Barbara Jo Denison, Certified PREA Auditor. Prior to the audit, the facility provided the auditor with policies, procedures and supporting documentation related to each standard for review. Ongoing communication was held with the Assistant Warden/PREA Manager during this review period in preparation for the on-site visit. Prior to the audit the auditor was supplied with a list of detainees sorted by housing unit and a list of detainees with special designations, as well as a list of facility staff. From these lists detainees and staff were randomly selected to be interviewed during the audit. On the first day of the audit an entrance meeting was held at 11:00 a.m. with the following people in attendance: Charlotte Collins, Warden; Juan Ibarra, Assistant Warden/PREA Manager; Michael Sedgwick, Chief of Security; Brandon Delaney, Chief of Unit Management; and Lisa Hollingsworth, Senior Director, PREA Programs and Compliance.

Following the entrance meeting and lunch, a tour of the facility was held from 12:30 p.m. – 2:30 p.m. The Warden, her executive team, the Quality Assurance Manager and the Senior Director, PREA Programs and Compliance accompanied the auditor on the tour. All housing units and all areas where inmates program, work and are allowed access to were toured. While touring, 27 random detainees and 12 random staff were informally interviewed and questioned about their knowledge of PREA.

Attempts were made in the first housing unit toured to access the Rape Crisis Center hotline on the detainees' phones. Repeated attempts were made by following the directions posted on the phones and on the posters on the walls of the unit; all of which were unsuccessful. The facility's IT staff member was contacted, who in turn contacted telephone repair. The phones were found to be operable, but the instructions on the phones and posters were not correct. The following day this auditor tried to make the call again using the correct procedure and was able to make contact with the Rape Crisis Center as well as access the internal number to the Investigator's office. A recommendation was made to correct the information on the phones and the posters. This was completed and verification via e-mail along with pictures of the change in telephone information and posters was provided to the auditor on 3/9/15.

It was noted during the tour that there were four detainee restrooms that needed increased privacy due to the size and placement of the windows on the restroom doors. Those areas were in the laundry, commissary, kitchen and medical. Before the conclusion of the audit, the windows were partially frosted for increased privacy. Also noted, was the need for increased privacy for toileting in all holding cells in the intake area. Corrective action was implemented by painting a line on the floor in front of all holding cells approximately two feet from the cells. Staff of the opposite gender than the detainees being held in those cells is to walk no closer than that line to ensure there is no opportunity for cross gender viewing. This corrective action was completed by 3/9/15 and an e-mail was sent to this auditor with pictures of the intake area as well as a recommendation to a revision to the post orders in the intake area with final approval of the changes pending at the corporate level.

A total of 31 staff was formally interviewed in the course of the audit. This number includes one contract employee and one volunteer, who was interviewed by telephone. This number also includes a supervisor and three detention officers from each shift. The Agency Head Designee, CCA Executive Vice President and Chief Corrections Officer, was not in attendance during the audit, but he was interviewed by Rodney Bivens, Certified PREA Auditor on 7/7/14 and notes from that interview were shared with the auditor prior to the on-site visit. The PREA Coordinator was interviewed by this auditor at a previous audit. There is no SAFE or SANE staff at the facility; they are available by a Memorandum of Understanding (MOU) with Desert View Hospital in Las Vegas, NV who refers detainees to University Medical Center or Sunrise Hospital for SANE exams. Staff interviewed was well versed in their responsibilities in reporting sexual abuse and suspected sexual abuse. When questioned about evidence preservation, staff responses reflected agency policies and standard requirements.

A total of 27 detainees were formally interviewed. Included in this number were detainees who self-disclosed being gay, bisexual and lesbian, and those identified from intake screening to be potential victims or predators and Spanish speaking only detainees. There were no detainees with visual impairments, hearing deficits, and transgender or intersex inmates housed at the facility during the time of the audit. Prior to the audit date, this auditor received a letter and some printed information about other CCA facilities from a detainee whose complaints were mostly medical issues, but in the last paragraph of the letter he stated, "CCA has a history for letting inmates being raped by guards, killing of inmates and other misdeeds". Upon receipt of the letter this auditor contacted the Assistant Warden/PREA Manager and asked that the detainee be contacted to discuss his claims and begin an investigation if necessary. As requested, the detainee was questioned by the Chief of Unit Management and the Unit Manager of his housing unit immediately. The detainee during questioning stated that he never said there was any rape, or staff assaults as NSDC. He claimed that he sent an article about other CCA facilities. When asked to provide a statement, he refused. The detainee was interviewed by this auditor and he discussed his medical issues which he said were being addressed better at this time. He also stated that his claims in the letter were about other CCA facilities.

In the past twelve months there was one employee-on-inmate allegation of voyeurism, one inmate-on-inmate allegation of sexual abuse and one employee-on-inmate allegation of sexual abuse. All three allegations were found to be unsubstantiated. Investigative files of all allegations were reviewed with the investigator. In all cases the proper procedures were followed in the handling of the investigations. Documentation showed that retaliation monitoring was done and detainees were notified of the outcome of the investigation as required by policy.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Nevada Southern Detention Center is located at 2190 E. Mesquite Ave, Pahrump, Nevada which is approximately 75 miles northwest of downtown Las Vegas, Nevada, in a rural farmland area of Nye County. Corrections Corporation of America designed, built and operates this single story, rectangular, 1064-bed facility which houses federal detainees for the United States Marshal Service (USMS) and detainees in transit for Federal Bureau of Prisons. The population on the first day of the audit was 741. The facility houses both female and male detainees who are awaiting trial, sentencing or are waiting to be transported to a long-term facility in the Federal Bureau of Prisons system.

Construction of this facility began in April 2009 and the building was occupied July 21, 2010. The facility cost approximately 84 million dollars to build. The city of Pahrump was strongly opposed to the construction of the facility and placed requirements concerning signage as well as insisting that a berm be built around the facility to hide the structure. Corrections Corporation of America cooperated fully with all requirements and made every effort to hire local residents to add to the local economy. The company has become involved in along list of community activities, earning the trust and respect of their neighbors in a very short time. NSDC has a community relations committee that consists of facility managers and staff as well as community representatives, including local officials, government leaders and local media. The committee discusses the facility's operations and activities and addresses community questions or concerns at its quarterly luncheons.

There are eight dormitory-style housing units and four cell block units with two-man cells. One dormitory houses females with 88 general population beds and an eight-bed segregation unit. The other seven dormitory units, 96 beds in each and three cell block housing units house, general population males (one unit with 1367 beds and two units each with 84 beds). There is also a male segregation unit of 104 beds in the cell block housing area.

The facility includes a central kitchen, laundry, vehicle sally port, outside recreation areas adjacent of each housing unit, non-contact visitation area, video court rooms, administrative offices, maintenance shop, library, chapel, medical/dental/mental health department, central control and warehouse. Detainees have access to religious activities, legal services, library services, recreational activities, as well as basic medical and dental care.

Security at the facility is maintained, in part, by two 13 foot perimeter fences. The outside fence is laced with razor ribbon while the inside is a non-lethal stun fence. Perimeter security includes 19 exterior cameras to monitor activity outside the facility, with a mobile patrol unit monitoring the perimeter on a 24/7 basis. Security measures include 134 cameras in total (inside and outside). The facility also maintains a Special Operations Response Team (SORT), which is utilized on an as-needed basis.

The mission states that "through the highest standards of professionalism, we will provide excellence in corrections to our community and government partners. We will cultivate an environment of communication and teamwork. We are Nevada Southern!"

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded:	3
Number of standards met:	37
Number of standards not met:	0
Non-applicable:	3

**§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Corrections Corporation of America (CCA) policy 14-2 is a written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment which outlines the agency's approach to preventing, detecting and responding to such conduct. On page 2 of the policy the responsibilities of the PREA Coordinator and PREA Manager can be found. In interview with the PREA Coordinator and the Assistant Warden/PREA Compliance Manager, both indicated that they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

**§115.12 - Contracting with other entities for the confinement of inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not Applicable

Corrections Corporation of America is a private provider and does not contract with other agencies for the confinement of detainees; therefore this standard is not applicable.

**§115.13 – Supervision and Monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, page 9, sections D & E, the agency has developed, documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. The staffing levels are monitored daily by review of shift rosters by the Master Scheduler and the Chief of Security and three random shift rosters are reviewed by the ADO. In addition to

the random review of shift rosters, a live roster check is completed each week by the ADO. The staffing plan is reviewed annually by the Assistant Warden and forwarded to the PREA Coordinator and Warden for review. It is then forwarded to the Vice President of Facility Operations for signature and approval of any recommendations made which would include changes to policy and procedures, physical plant, video monitoring or staffing. The last Annual Staffing Plan Assessment was completed on 9/14/14. There have been no incidences where the staffing plan has not been complied within the past twelve months, as confirmed by interview with the Warden.

In review of page 9, section E, there is a policy in place and a practice of unannounced rounds being conducted and documented in the log book and shift supervisors' reports. Documentation reviewed showed unannounced rounds being documented in each building on all shifts. This practice was confirmed by interview of detainees, detention officers and supervisors who reported numerous rounds being conducted on a daily basis.

### **§115.14 – Youthful Inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
  - Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - Does Not Meet Standard (requires corrective action)
- X Not Applicable

Nevada Southern Detention Center is an adult male and female facility and does not house youthful inmates; therefore this standard is not applicable.

### **§115.15 – Limits to Cross-Gender Viewing and Searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

There have been no incidences of cross-gender strip searches or cross-gender visual body cavity searches in the past 12 months. Policy 14-2.4, pages 15 & 16, section K, outlines detainee searches including searches of transgender and intersex inmates. All staff receives training through Pre-Service and annually in In-Service training. Unit staff is required to document all cross-gender searches if they were to occur.

The facility has policies and procedures in place that enable detainees to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia. Staff of the opposite sex announce themselves when they enter the housing units and reminders of this practice are posted on the entry doors of all housing units. Detainees interviewed confirmed that this practice is being adhered to and indicated that they feel they have privacy when staff of the opposite sex is in their housing unit. The Pelco camera monitors were reviewed and showed that if female staff were to review these monitors, camera placement would allow for privacy. (See page 2 & 3, paragraphs 3 & 4 under Audit Findings for more information related to this standard.)

## §115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency takes appropriate steps to ensure that detainees with disabilities and detainees that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. Policy 14-2.4, page 14, section I, and the lesson plan *Safety and Security Issues Part 2* were used to verify compliance of this standard. PREA posters, the Detainee Handbook and the brochure 14-2AA, *Preventing Sexual Abuse and Misconduct*, given to detainees at orientation, and any other written material they receive are provided in both English and Spanish. The Language Line service is utilized to convey verbal information to detainees who are non-English speaking. A TTD is available for hearing impaired inmates. The agency prohibits the use of detainee interpreters, detainee readers or other types of detainee assistants. Provisions for detainees who are visually impaired will be made to provide them with information in a manner they can understand. Three Spanish speaking detainees interviewed reported they have received all PREA information provided to them in Spanish.

## §115.17 – Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

In review of policy 14-2.4, pages 5 & 6, section B, the agency does not hire or promote anyone who may have contact with detainees, and does not enlist the services of any contractor who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. The agency considers any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor, whether they may have contact with detainees or not.

In interview with the Human Resources Manager and review of random employee files, the Personnel Investigator does credit checks on all applicants, contractors and volunteers and prepares the paperwork for the US Marshals for NCIC and FCIC criminal background checks that are performed by contract by First Advantage, Chicago, IL. The US Marshals inform the Human Resources department by a letter or e-mail at the completion of the background checks. A Self Declaration of Sexual Abuse/Sexual Harassment (14-2H) is completed by all applicants, upon being hired and if being considered for a promotion. The facility opened in July, 2010 so five-year criminal background checks will begin to be done this year.

## **§115.18 – Upgrades to Facilities and Technology**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 30, section V, states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. Prior to August 20, 2012, there were 127 cameras. Seven additional cameras were installed bringing the total number of cameras to 134 to date. There are a total of five DVR's that retain information up to 30 days.

## **§115.21 – Evidence Protocol and Forensic Medical Examinations**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

According to policy 14-2.4, pages 23 & 24, section O-4 and policy 13-79.4, page 2, section A-I & ii, and OP-040117, pages 2 & 3, section I-A & B and section II-A, the facility follows a uniform evidence protocol that maximizes the potential for usable physical evidence for administrative and criminal prosecutions. The facility Investigator is responsible for conducting administrative investigations and the Nye County Sheriff's Office is responsible for conducting criminal sexual abuse investigations. In the past 12 months there were no incidents that required collection of evidence by the Sheriff's Office.

Victims of sexual abuse would have access to forensic medical examinations. Detainees in need of SANE exams are transferred to Desert View Hospital and referrals for SANE exams are made to the University Medical Center or Sunrise Hospital, both located in Las Vegas, NV. In the past 12 months there were no detainees who required SANE exams.

An MOU effective 7/11/13 with the Community Action against Rape doing business as the Rape Crisis Center in Las Vegas, NV provides emotional support for victims of sexual abuse and the facility Mental Health Coordinator is the Victims Services Coordinator and is available to provide victims of sexual abuse support services.

## **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 22, section O and policy 5.1, page 7, section d, outline the agency's policy and procedure for investigating and documenting incidents of sexual abuse.



Allegations of sexual abuse are reported to the Nye County Sheriff's Office for criminal investigations. In the past 12 months there was one allegation referred for criminal investigation. The agency's policy regarding referral of allegations of sexual abuse and sexual harassment for criminal investigation are available on the CCA website.

### **§115.31 – Employee Training**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

CCA employees receive training on CCA's zero tolerance policy (14-2) for sexual abuse and sexual harassment at pre-service and annually. Employees sign an acknowledgement form that they have received and understood the training they received. Random reviews of employee files showed this documentation is maintained by the facility on the 4-2BB, Training Activity Report. The PREA in-service training curriculum was reviewed and verified that the training provided to employees is very comprehensive and meets all elements of this standard. If there are any policy revisions, staff are notified at least 30 days prior to the revisions becoming effective. Additionally, between trainings the facility has quarterly staff recall meetings and weekly unit staff meetings where the policy is reviewed and staff is informed of policy changes. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing and responding to allegation of sexual abuse.

### **§115.32– Volunteer and Contractor Training**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 8, section C-2, outlines the training requirements for volunteers and contractors. The objectives of the training ensures that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. The agency maintains documentation confirming that volunteers and contractors understand the training they have received. A 14-2A, Policy Acknowledgement form is filed in the volunteer files that are maintained by the Chaplain and contractor 14-2A forms are maintained by the Human Resources Manager. The Food Services Manager, contracted by Trinity Food Services, confirmed receiving the training. On telephone interview with a volunteer, he confirmed that he received the training. Both the contractor and volunteer interviewed understood their responsibilities under the agency's sexual abuse and sexual harassment policy. In the past 12 month period a total of seven volunteers and all contractors have received this training.

### **§115.33 – Inmate Education**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 13 & 14, section I-1 & 2 and policy 17-101 were used to verify compliance to this standard. All incoming detainees receive a Detainee Handbook and a *Preventing Sexual Abuse and Misconduct (14-2AA)* brochure during the intake process which contains PREA information that outlines methods to report sexual abuse. More in depth information is provided by the orientation process and inmates sign a 17-101A form acknowledging completion of orientation. All information presented is provided in both English and Spanish and to detainees who have low vision or hearing or with limited reading skills in a manner they can understand. Bi-monthly Town Hall meetings are held where PREA topics are discussed. The PREA video is shown on Tuesdays and Thursdays at 10:00 a.m. in both English and Spanish on channel 3, an internal channel. A few detainees reported during interview that they had not seen the video. Apparently, not all housing units turn the TV to channel 3 when the video is being played. A recommendation was made to the executive team to show the video at a Town Hall meeting to ensure all detainees have an opportunity to view the video. Posters regarding sexual abuse and sexual harassment prevention were displayed throughout the facility in both English and Spanish.

### **§115.34 – Specialized Training: Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, page 7, section C-1-b, the facility's Investigator receives specialized training in addition to the general PREA education provided to all employees. The PowerPoint presentation of special training for investigators was reviewed and found to cover all requirements of the training as outlined in section (b) of this standard. The agency maintains documentation that the Investigator has received this training. Upon interview of the Investigator, he confirmed receiving this specialized training and was knowledgeable of his responsibilities in conducting sexual abuse investigations. In addition to the Investigator receiving this training, the Assistant Warden/PREA Manager, the Classification Coordinator and an Assistant Shift Supervisor also received the training.

### **§115.35 – Specialized training: Medical and mental health care**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency ensures that all medical and mental health staff has training on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and

how to report allegations of sexual abuse and harassment. The facility maintains documentation that all medical and mental health practitioners have received this training. In interview with the Health Services Administrator she acknowledged receiving this specialized training and knew her responsibilities as outlined in policy 14-2.4, page 7; section C-1-b-ii. The Mental Health Coordinator began part-time contract work two weeks ago. She reported not receiving the training and as recommended, she completed the training on the day of her interview (3/3/15). All medical staff received their specialized training on 2/24/15.

The facility medical staff does not conduct forensic examinations. SANE exams are conducted by referral by Desert View Hospital to the University Medical Center or Sunrise Hospital.

### **§115.41 – Screening for Risk of Victimization and Abusiveness**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, page 12, section H-1 & 2, the agency policy requires facilities to screen upon admission for risk of sexual abuse victimization or sexual abusiveness toward other detainees. The 14-2B forms completed by the screener as part of the intake process. The screening tool contains all requirements of 115.41 (d) of this standard. Detainees may not be disciplined for refusing to answer any questions or for not disclosing complete information. Within 30 days of arrival, all detainees are reassessed and at any other time that additional relevant information is received. Annual Reclassification meetings also include reassessment screenings. The Classification Coordinator reviews all intake screening forms as well as 30-day reassessments. Referrals are made to the Mental Health Coordinator as warranted.

### **§115.42 – Use of Screening Information**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency uses the information from the risk screening form to make housing bed, work, education and program assignments with the goal of separating detainees at high risk of being sexually victimized from inmates with those at high risk of being sexually abusive. On interview with the Warden, he explained how the facility utilizes information from the 14-2B form.

Guidelines on housing and program assignments and for the management of transgender and intersex inmates are outlined in policy 14-2.4, pages 13 & 14, section J.

The agency does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units or wings solely on the basis of such identification. On interview with detainees who self-disclosed they were gay, lesbian or bisexual, they all reported that they have not been placed in any special housing unit because of their sexual orientation.

### **§115.43 – Protective Custody**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, page 15; section J, detainees at high risk for sexual victimization shall not be placed in protective custody unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. Detainees shall be assigned to protective custody only until an alternative means of separation from likely abusers is arranged, for no longer than 30 days. Reviews of these detainees are completed every seven days for the first 30 days and if separation continues past 30 days, every 30 days the unit will conduct a review to determine if there is a continuing need for separation of the detainee from the general population. There was one incident of a detainee who was screened at risk of sexual victimization that was placed in involuntary segregated housing for less than 24 hours in the past 12 months. On interview with the Warden and detention staff who supervise detainees in restrictive housing, compliance to this standard was verified.

### **§115.51 – Inmate Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 16, section L-1, page 17, section L-2, and page 18, section L-3, outline the procedures on detainee reporting. The CCA Code of Conduct provides a telephone number for staff to contact the Ethics and Compliance helpline for private reporting. The agency provides multiple ways for inmates to privately report sexual abuse and sexual harassment and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. Inmates are made aware of methods of reporting through the Detainee Handbook, pamphlets provided to them and continuously through posters on the walls, as well as ongoing education at Town Hall Meetings. There is an internal reporting line that goes to the Investigator's office, one line that goes to the USMS and one that goes to the Rape Crisis Center.

The agency's policy mandates that staff accept all reports of sexual assault and sexual harassment made verbally, in writing, anonymously and from third parties. Staff and detainee interviews verified that they are aware that they can report verbally, in writing or through a report of a third party. Staff also verified that they have access to private reporting.

Corrections Corporation of America does not detain individuals solely for civil immigration purposes.

### **§115.52 – Exhaustion of Administrative Remedies**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

X Not Applicable

Nevada Southern Detention Center does not have an administrative process to address detainee grievances regarding sexual abuse. All PREA allegations are processed through the investigative process.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

As stated in policy 14-2.4, page 10, section F, detainees are provided with access to outside victim advocates for emotional support services related to sexual abuse. An MOU with the Rape Crisis Center provides detainees with confidential support services. This auditor contacted the Victim Advocate/PREA Coordinator of the Rape Crisis Center prior to the audit and was told that they have not received any calls from the detainees at this facility. They received one letter on 1/15/15, which was not PREA related. Staff interviewed was aware they could privately report sexual abuse and sexual harassment of detainees by calling the CCA Ethics and Compliance Helpline.

### **§115.54 – Third-Party Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, page 18, section L-4, the agency has a method to receive third party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect a detainee has been sexually abused, sexually harassed or requires protection. A third party can contact the National Sexual Assault Hotline, send a letter to the Warden or contact CCA's Ethics and Compliance Helpline. Detainees, when interviewed, were aware of this method of reporting. Information for outside parties to report allegations of abuse on behalf of an inmate are available on the CCA website (<http://cca.com/security-operations/prea>). Detainees are made aware of this form of reporting in the Detainee Handbook. During the past 12 months there have been no reports of sexual abuse or sexual harassment made to the facility by a third party.

## §115.61 – Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, pages 17 and 18, section L-2, was reviewed to verify compliance to this standard. The policy requires that all staff are to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment. Any retaliation or suspected retaliation against staff or detainees must also be immediately reported. In the past 12 months, there have been no reports of retaliation against staff or detainees. The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility Investigator. Random interviews with staff revealed that staff is very aware of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.

Nevada Southern Detention Center houses adult male and female detainees, all of whom according to their classified level of care, are not considered to be vulnerable adults under the State Vulnerable Persons Statute.

## §115.62 – Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

When the agency learns that a detainee is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the detainee. Policy 14-2.1, page 1, paragraph 2, and policy 13-50.4, section A, page 1 and section x.i, page 3 & 4 outline the agency's procedures related to the agency's efforts to protect detainees at risk for sexual abuse or sexual harassment. In interview with the Warden, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regards to a detainee being in substantial risk of sexual abuse. Correctional staff interviewed was also aware of their responsibilities if they felt a detainee was at risk for sexual abuse.

## §115.63 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy 14.2.4, section M-3, pages 19 & 20, requires when a sexual abuse allegation that a detainee was sexually abused while confined to another facility, the Warden of the facility that received the allegation shall immediately notify the facility head or appropriate office of the

facility where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. In interview with the Warden, he reported that a detainee alleged abuse at a BOP facility. Proper notifications were made to that facility and investigation was initiated. There have been no reports of allegations of sexual abuse received from other facilities that were alleged to have occurred at Nevada Southern Detention Center.

### **§115.64 – Staff First Responder Duties**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, pages 18 & 19, section M-1 & 2-a, outlines the procedures for first responders to allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Random interviews with security and non-security staff revealed that they knew the policy and practice to follow. They reported that they knew that the alleged victim and abuser must be separated and how to preserve the crime scene and the physical evidence.

### **§115.65 – Coordinated Response**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, pages 18 & 19, section M-1-3 as well as policy 13-79, sections A and C were used to verify that there is a plan to coordinate actions taken in response to an incident of sexual abuse. Interviews with specialized staff confirmed that they are knowledgeable of the plan and the necessary actions to be taken. A Sexual Abuse Response Team (S.A.R.T.) is established at the facility which includes the Warden, the Assistant Warden/PREA Manager, the on-duty Charge Nurse, the on-call Mental Health Coordinator and the Classification Coordinator. All members of the S.A.R.T. team know their role in their response to sexual abuse allegations.

### **§115.66 – Preservation of ability to protect inmates from contact with abusers**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 26, section R-2-d, was used to verify compliance to this standard. Employees are subject to disciplinary sanctions up to termination for violating CCA's policies on sexual abuse and sexual harassment. When the Agency Head was interviewed he reported that



some CCA facilities are unionized and others are not. The Nevada Southern Detention Center does not enter into collective bargaining agreements. There are no restrictions to keep the agency from not disciplining employees up to and including termination.

### **§115.67 – Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency has policies in place to ensure that there is no retaliation against any detainee or staff member who report sexual abuse or sexual harassment. Policy 14-2.4, page 11, section G-3, details provisions for 30/60/90-day monitoring of staff and detainees. Monitoring will continue beyond 90 days if warranted. The Classification Coordinator is responsible for monitoring for retaliation. When interviewed and in review of 14-D, PREA Monitoring for Retaliation reports, monitoring is being completed as required by policy with no incidents of retaliation occurring in the past 12 months.

### **§115.68 – Post-Allegation Protective Custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency prohibits inmates who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing was used, the same provisions as outlined in policy 10-1.4, page 11, section G-3 would apply. Interview with the Warden and segregation staff revealed that involuntary segregation has not been used for this purpose in the past 12 months. The Warden stated that if separation was required to protect the detainee, he/she would be placed in one of the medical unit cells for no longer than 72 hours.

### **§115.71 – Criminal and Administrative Agency Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency and facility have policies governing administrative and criminal investigations of sexual abuse. The Nye County Sheriff's Office investigates all criminal offenses including sexual abuse investigations. Policy 14-2.4, page 22, section O, outlines procedures for administrative and criminal investigations. The facility Investigator conducts investigations immediately when notified of an allegation of abuse and notifies the US Marshals who contact the Nye County Sheriff's Office of allegations that appear to be prosecutable who conducts criminal investigations pursuant to the requirements of this standard. The facility remains informed of the progress of the investigation through communication between the Investigator and Sheriff's Office. There were no sexual abuse allegations referred for prosecution in the past year. The



Investigator, when interviewed, was well versed in his responsibility of handling administrative investigations as required by this standard.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

According to policy 14-2.4, page 24, section O-5, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the Investigator was asked what standard of evidence was used in determining if an allegation is substantiated, he confirmed the agency's policy.

### **§115.73 – Reporting to Inmate**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 24 & 25, section Q, was used to verify compliance to this standard. The policy indicates that the intent of the standard requirements if the allegation proves to be substantiated, unsubstantiated or unfounded providing proper notification to the inmates per this standard. In review of investigative packets for allegations of sexual abuse and sexual harassment, notifications (form 14-2E) are being completed and presented to the detainees informing them of the outcome of the investigation of their allegation of abuse.

### **§115.76 – Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2.4, page 26, section R-2. Policy 3-3, page 3, section E requires staff to sign a Code of Conduct Acknowledgement form when first hired and annually. Any staff member who violates the Code of Conduct is subject to corrective action up to and including termination. In the past 12 months, no staff have been disciplined or terminated for violating the agency's sexual abuse or sexual harassment policy.

### **§115.77 – Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

As stated in policy 14-2.4, page 26, section R-3, volunteers and contractors will be prohibited from contact with inmates and will be reported to the law enforcement agency if they violate the agency's sexual abuse and sexual harassment policy. In interview with the Warden, there have been no incidences of sexual abuse or sexual harassment by contractors or volunteers in the past 12 months. If it were to occur, appropriate remedial actions would be taken.

### **§115.78 – Disciplinary sanctions for inmates**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 25, section R, was used to verify compliance to this standard which outlines conduct for detainees and sanctions imposed for misconduct. Detainees will face disciplinary sanctions through the disciplinary process if they violate the agency's zero-tolerance policy which prohibits detainee-on-detainee sexual abuse. Detainees who engage in sexual misconduct with staff are disciplined if it is found that the staff member did not consent to such contact. OP-060125, section 4, pages 9 & 10 outlines the responsibilities of mental health if a detainee with certain mental health classifications commits an offense of any kind before going through the disciplinary process. In the past 12 months there have been no incidents of disciplinary sanctions imposed on detainees for violation of sexually-related misconduct. In interview with the Mental Health Coordinator, counseling would be offered to the offending detainee as well as the victim.

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Upon intake, any detainee reporting any prior victimization or any detainee who previously perpetrated sexual abuse is seen by mental health staff. Policy 14-2.4, page 10, section E-2-a and page 18, section L-2-e, as well as policy 13-61, pages 4, 5, 7 provides for immediate evaluation by mental health staff of detainees who report sexual assault and a physical exam will be performed in all cases of sexual assault. The staff responsible for intake screening, the Mental Health Coordinator and the Health Services Administrator that were interviewed verified this process was in place. Immediate notification to Mental Health Coordinator if warranted by intake screening and the detainee is seen immediately. All other detainees are seen by mental health staff for a Mental Health Evaluation within 14 days of arrival to the facility per policy 13-50. Informed consent is obtained from detainees before reporting about prior sexual victimization that did not occur in an institutional setting. There have been no incidents in the past 12 months that required reporting about prior sexual victimization that did not occur in an

institutional setting. Policy 13.74.4, section F, stipulates a Release of Protected Health Information (13-74B) must be signed and filed in the detainee's medical record for information related to prior non-institutional sexual abuse.

### **§115.82 – Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 12, section G-3-d, policy 13-79.1, pages 3 & 4 and policy 13-34.1, page 2, section A-1 & 3, page 7, section 1-c & d and page 8, section 2-c, mandate that inmates who are victims of sexual abuse have immediate access to medical and mental health services and crisis intervention services. Security staff escorts the alleged victim to the medical department immediately for a physical examination. Interview with the Health Services Administrator confirmed this practice and that the requirements of this standard are adhered to. Detainees in need of SANE services are referred to Desert View Hospital who makes referrals to the University Medical Center or to Sunrise Hospital for SANE exams with no cost to the detainee for these services. In the past 12 months there have been no sexual abuse cases requiring emergency medical services.

### **§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 12, section H-1, policy 13.70, page 3 & 4, section 1 & 2, policy 13-79.4, page 3, section b, I & ii, page 4, section 2 a & b and page 5, section 2-3 and interview with the Health Services Administrator were used to verify compliance to this standard. The facility offers medical and mental health evaluation and treatment to all detainees who have been victimized by sexual abuse. Victims will be offered prophylactic treatment and follow-up for sexually transmitted diseases, counseling and testing and are referred to the mental health staff for crisis intervention as necessary. Female victims of sexual abuse are offered pregnancy tests and if pregnancy occurs victims receive pregnancy-related information and medical services. All services to victims are provided at no cost to the detainee.

### **§115.86 – Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Policy 14-2.4, pages 21 & 22, section IV and on interview the Warden, the PREA Manager, the Quality Assurance Manager, the Mental Health Coordinator and the Classification Coordinator, who are all members of the Incident Review Team, the facility is required to conduct a sexual abuse incident review for every sexual abuse investigation. In review of secondary documentation, all requirements of 115.86 (d) are considered in the review and recommendations for improvements are made. In the past 12 months all allegations of sexual abuse were followed by an incident review.

### **§115.87 – Data Collection**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, page 27, section T-1 & 2, information on allegations of sexual abuse is electronically recorded by each facility in the Incident Reporting Database System (IRD). The PREA Coordinator obtains information on all incidents from each facility and annually this information is aggregated. Upon request or no later than June 30<sup>th</sup>, the agency provides this information for the previous calendar year to DOJ.

### **§115.88 – Data Review for Corrective Action**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, pages 27 & 28, section T-3, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse program and practices. The PREA Coordinator prepares an annual report that provides some general comments with plans to enhance this information in future reports. Information that needs to be redacted is not included in this annual report that she forwards to the Chief Corrections Officer for approval. This information is available to the public on the CCA website and can be accessed at <http://www.cca.com/security-operations/PREA>.

### **§§115.89 – Data Storage, Publication, and Destruction**

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

According to policy 14-2.4, page 27, section T-2-C, the agency ensures that the data collected is securely retained. According to the agency's retention schedule, the entire PREA packet including aggregated sexual abuse data is retained for 10 years or the duration of the USMS contract, whichever is longer.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Barbara Jo Denison

March 11, 2015

Auditor

Date