

PREA Facility Audit Report: Final

Name of Facility: Nevada Southern Detention Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/18/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kenneth E. Arnold	Date of Signature: 05/18/2026

AUDITOR INFORMATION	
Auditor name:	Arnold, Kenneth
Email:	kenarnold220@gmail.com
Start Date of On-Site Audit:	03/17/2026
End Date of On-Site Audit:	03/19/2026

FACILITY INFORMATION	
Facility name:	Nevada Southern Detention Center
Facility physical address:	2190 East Mesquite Avenue, Pahrump, Nevada - 89060
Facility mailing address:	2190 E Mesquite, Pahrump, Nevada - 89060

Primary Contact

Name:	Timothy Stutzman
Email Address:	timothy.stutzman@corecivic.com
Telephone Number:	913-775-3397

Warden/Jail Administrator/Sheriff/Director	
Name:	John Mattos
Email Address:	john.mattos@corecivic.com
Telephone Number:	629-309-0322

Facility PREA Compliance Manager	
Name:	Timothy Stutzman
Email Address:	timothy.stutzman@corecivic.com
Telephone Number:	9137753397
Name:	Chandra Slack
Email Address:	chandra.slack@corecivic.com
Telephone Number:	(775) 751-4505
Name:	Donna Hopkins
Email Address:	donna.hopkins@corecivic.com
Telephone Number:	(775) 751-4505
Name:	Candice Fletcher
Email Address:	candice.fletcher@corecivic.com
Telephone Number:	(775) 751-4505

Facility Health Service Administrator On-site	
Name:	Angi Nasso
Email Address:	angi.nasso@corecivic.com

Telephone Number:	702-290-1367
--------------------------	--------------

Facility Characteristics	
Designed facility capacity:	1064
Current population of facility:	845
Average daily population for the past 12 months:	925
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	18-99
Facility security levels/inmate custody levels:	Maximum Security - Low, Moderate, High
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	222
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	9
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	14

AGENCY INFORMATION	
Name of agency:	CoreCivic, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
Mailing Address:	

Telephone number:	615-263-3000
--------------------------	--------------

Agency Chief Executive Officer Information:	
Name:	Damon T. Hininger
Email Address:	
Telephone Number:	615-263-3000

Agency-Wide PREA Coordinator Information			
Name:	Jillian Shane	Email Address:	jillian.shane@corecivic.com

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> • 115.31 - Employee training
Number of standards met:	
44	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-03-17
2. End date of the onsite portion of the audit:	2026-03-19

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:	<p>Discussed frequency of reports/contacts from NSDC detainees with the PREA Services Manager from Signs of Hope. She advised that sexual abuse reports/contacts were minimal prior to the past month. She has received three such reports within the last month and has followed up with a facility executive.</p> <p>The PREA Services Manager indicated that she has found facility staff to be quite responsive.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1064
15. Average daily population for the past 12 months:	925
16. Number of inmate/resident/detainee housing units:	13

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
--	---

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

<p>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>849</p>
<p>25. 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:</p>	<p>1</p>
<p>26. 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:</p>	<p>56</p>
<p>27. 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:</p>	<p>1</p>
<p>28. 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:</p>	<p>1</p>

29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	5
30. 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:	16
31. 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:	2
32. 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:	3
33. 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:	2
34. 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:	0
35. 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):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	257
37. 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:	17
38. 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:	8
39. 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:	None
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15

<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Interviewed detainees from each pod.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>None</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>17</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>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>

<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>3</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the facility tour, the auditor randomly checked detainee CARs, finding zero cases wherein detainees were housed in segregated housing for isolation of risk of sexual victimization. Review of nine random sexual abuse investigations also validated that such a practice is not facilitated at NSDC.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>None</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Languages spoken.</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>None</p>

Specialized Staff, Volunteers, and Contractor Interviews

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.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
63. Were you able to interview the Agency Head?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to interview the Agency Head:	Given the number of facilities under the CC umbrella, the Agency Head designee has been interviewed by the CCPC and his responses to the questionnaire were documented. The responses covered a broad swath of PREA issues and agency protocols in response to the same.
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to interview the PREA Coordinator:	Given the number of facilities under the CC umbrella, the CCPC responded, in writing, to the questionnaire. Her responses covered a broad swath of PREA issues and agency protocols in response to the same.

66. Were you able to interview the PREA Compliance Manager?

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<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
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>70. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Following contact with two hospitals in the Las Vegas, NV area (UMC and Sunrise), the auditor was informed that SANE Nurses were not on staff at either hospital. Pursuant to follow-up by the NSDC Quality Assurance Manager (QAM) with Signs of Hope (VA provider), she learned that Nevada Healthright (a group of forensic nursing providers) facilitates forensic nursing examinations in the area. The auditor did attempt to contact officials at Nevada Healthright and left a voicemail, with no response.</p> <p>In addition to the above, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails from the auditor, the detective did attempt to contact the auditor however, the same was unsuccessful. The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated.</p>
--	--

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>71. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
---	---

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	None
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

HR Files -12
 Contractor HR information- 2
 Staff Training Files- 16
 Detainee Files- 16
 Investigations- 12

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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	1	2	1
Staff-on-inmate sexual abuse	13	1	13	1
Total	15	2	15	2

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	21	0	21	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	23	0	23	0

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.

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	1	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0	0
Total	0	2	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	0	1
Staff-on-inmate sexual abuse	0	0	0	1
Total	0	1	0	2

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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	1	0	0	0
Staff-on-inmate sexual harassment	0	1	1	0
Total	1	1	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

12

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>9</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>6</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	None
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11(a)</p> <p>Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. According to the Warden, the policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of detainees, is included in this policy.</p> <p>The zero tolerance policy is clearly articulated in CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section A(1). Pages 1-34 of the same policy [applicable to both United States Marshal Service (USMS) and Immigration and Customs Enforcement (ICE) detainees] address all facets of the PREA program at</p>

Nevada Southern Detention Center (NSDC).

The auditor's review of one (dated in 2025) PREA Zero Tolerance Policy Acknowledgment form, signed and dated by a staff member, reveals substantial compliance with 115.11(a). The document is signed and dated by the employee, signifying understanding of the above policy.

In view of the above, the auditor finds NSDC substantially compliant with 115.11(a).

115.11(b)

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (CCPC) with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. According to the CC Organizational Chart, the agency-wide CCPC (Senior Director of PREA Compliance and Programs) encumbers a full-time position and she reports to the Vice President of Core Services (VPCS). The appointment of the CCPC is validated in an informational release dated October 12, 2025. The VPCS reports to the Executive Vice President/Chief Operating Officer (COO) who is a member of the CC executive staff.

The Warden asserts that the CCPC does have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

Pursuant to interview with the CCPC, the auditor learned that she does feel she has sufficient time to manage all of her PREA related responsibilities. Each facility has a PREA Compliance Manager (PCM), averaging 60 PCMs at any time.

As senior director, she oversees the director (Director) who facilitates reviews of all PREA investigations and training. The CCPC handles audits and compliance matters, inclusive of policy development and updates.

The CCPC and Director (recently encumbered) facilitate quarterly Skype sessions with facility PCMs and travel to facilities for audits and training sessions, inclusive of investigative training. The CCPC and Director are in contact with PCMs on a daily basis relative to investigations and audit issues. Additionally, Teams, telephone, and email are utilized for communication if the Senior Director or Director are not onsite.

The CCPC's primary focus is audit preparation and follow-up regarding corrective action plans. Specifically, she reviews each PAQ for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. She is able to provide technical on-site assistance and training protocols to correct practices that may have developed due to a misunderstanding of PREA standards. Additionally, contracted PREA auditors are available to assist with training endeavors at facilities. In her position, she is able to involve CC managing directors (MDs) and vice presidents (VPs) to address concerns requiring their intervention. Additionally, the CCPC coordinates all corrective action following each PREA audit.

The auditor finds the CC PREA chain of command sufficient to accomplish PREA needs and requirements.

In view of the above, the auditor finds NSDC substantially compliant with 115.11(b).

115.11(c)

Pursuant to the PAQ, the Warden self reports there is a designated PREA Compliance Manager (PCM) at NSDC. The chief of unit management (COUM) fulfills this role and he reports to the assistant warden (AW) who reports directly to the Warden. This appointment is scripted in a memorandum dated October 7, 2025. As a member of the facility executive staff, the auditor finds this chain of command commensurate with standard expectations.

According to the Warden, the PCM does have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. According to the NSDC Organizational Chart, the COUM/PCM reports directly to the AW and he reports directly to the Warden. The auditor finds this PREA chain of command sufficient to accomplish all PREA requirements and needs as the PCM has nearly direct access to the Warden as a member of the executive staff.

The NSDC PCM asserts he does have sufficient time to devote to his PREA duties. He makes routine management by wandering around (MBWA) tours throughout the facility and during these tours, he is accessible to both staff and detainees. He evaluates and monitors blind spots throughout the facility, camera placements, poster accessibility and positioning, monitors staff and detainee PREA training, assesses video efficiency and operational status, reviews the NSDC Detainee Handbook on an annual basis, quizzes staff regarding PREA issues, and monitors physical plant issues that may impact detainee sexual safety, at a minimum. He also develops the Annual PREA Staffing Plan for review by many other officials. Many of his PREA-related responsibilities are addressed during MBWA rounds. This hands-on approach with "all things PREA" provides continuity throughout the facility.

All PREA expenditures are accomplished through the Warden's budget.

In view of the above, the auditor finds NSDC substantially compliant with 115.11(c).

Accordingly, the auditor finds NSDC substantially compliant with 115.11.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.12(a and b)</p> <p>Pursuant to the PAQ, NSDC is a private facility, under contract with the USMS and Immigration and Customs Enforcement ICE to house those detainees designated to its care, custody, and control. CC, the parent company, contracts with USMS/ICE, housing detainees from those jurisdictions. None of the detainees designated to NSDC are housed at other non-CC facilities, unless there is a need to place them in another facility as the result of safety and security concerns, working with USMS/ICE monitors to facilitate the same.</p> <p>The auditor finds no deviations from the requirements of 115.12 and accordingly, NSDC is substantially compliant with 115.12.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.13(a)</p> <p>Pursuant to the PAQ, the Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect detainees against sexual abuse. The Warden further self reports since the last PREA audit, the average daily number of detainees is 776. The staffing plan is predicated upon an average daily number of 776 detainees.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7 and 8, section D(4)(a)(i-xi) (applicable to USMS and ICE detainees and standards) addresses 115.13(a).</p> <p>The auditor's review of the May 30, 2024, February 17, 2025, and February 3, 2026 NSDC Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a and c). All requisite criteria are addressed in the NSDC Annual PREA Staffing Plan Assessments and the same are reviewed and approved by the NSDC PCM, Warden, and the CCPC. The auditor finds the Annual Staffing Plans and Assessments to be compliant with 115.13(a).</p> <p>The Warden asserts the facility does have a staffing plan. Adequate staffing levels and video monitoring to protect detainees against sexual abuse are considered in the plan. The marriage between staffing and video surveillance is sufficient to facilitate</p>

detainee sexual safety.

During the facility tour, the auditor noted that during the first 12-hour shift, one detention officer (DO) was assigned to each pod. Additionally, one detention counselor (DC) and one case manager (CM) are assigned to every two pods. Two unit managers (UMs) oversee the entire facility. The DC and UM can augment security coverage as needed. One hundred twenty-three DOs provide coverage on all shifts.

Five captains (Captains), seven lieutenants (LTs), and nine Sergeants (SGTs) comprise the security supervisory complement. One Warden, one chief of unit management (COUM), one Chief of security (COS), and one assistant warden (AW) comprise executive management at NSDC.

A Workforce Management System (WMS) is utilized to track staffing on a daily basis. A shift supervisor (Captain), assistant shift supervisor (LT), and ADO staff provide executive oversight throughout each shift, as needed. The Warden, AW, COUM, COS, and human resources manager (HRM) serve as ADOs.

A live roster review is effected one time per week by ADOs. Each post is physically validated with staff presence. Additionally, the shift commanders/ADOs, and the Master Scheduler closely monitor staffing throughout the week to guard against vacancies. Line staff facilitate irregular security rounds and unannounced sexual safety rounds.

Each pod is well supervised by video monitoring (cameras) as two cameras are strategically placed in each. The total number of cameras monitored at NSDC is 252. At least one DO is assigned to the central control center (CCC).

Cameras are located and positioned in all housing areas, hallways, medical, food service, the warehouse, the laundry, RHU recreation cages (four), and the big recreation yard. The auditor's review of camera monitors and physical observation reveals that showers in each pod are adequately shielded by shower curtains and not exposed to camera views as long as detainees close the same. Additionally, the auditor toured the top tiers in a few units to assess exposure and he found zero instances of genitalia exposure when detainees properly closed shower curtains.

Shower curtains were present in each pod and detainees did not articulate any concerns with shower curtain availability. When viewing camera angles, the auditor likewise did not find any evidence of observation of detainee genitalia.

The staffing plan is documented, forwarded to, and maintained electronically at corporate. Additionally, hard copies of the staffing plan are available to the Warden, Quality Assurance Manager (QAM,) human resources manager (HRM), COUM, COS, and AW. The COS facilitates daily live monitoring of the plan.

When assessing adequate staffing levels and the need for video monitoring, the facility plan considers the following:

a. Considerations regarding generally accepted detention and correctional principles are generally guided by American Correctional Association (ACA) standards and

center on an analysis of the areas to which detainee(s) have access, blind spots, whether camera/mirror surveillance is adequate, areas of detainee concentration, line of sight considerations, and sexual abuse/harassment incident locations. The staffing plan is largely determined by the individual contract and CC requirements however, additional staffing can be requested through corporate to address detainee sexual safety, as well as, general safety concerns. In addition to ACA Best Practices, CC and USMS/ICE annual Quality Assurance Reviews (QARs) audits also provide "Best Practices" snapshots. CC leadership is very much in tune with "Correctional Best Practices" and views audits/monitoring visits as opportunities to "enhance all things PREA."

- b. Zero judicial findings of inadequacy during this audit period;
- c. Zero findings of inadequacy from federal investigative agencies during this audit period;
- d. Zero findings of inadequacy from internal or external oversight bodies during this audit period;
- e. Housing pod and unit camera placements are addressed above. Blind spots and line of sight are addressed during MBWA rounds by executive staff, ADO staff, and routine rounds facilitated by supervisors and line staff. Egress and exit areas are closely monitored, inclusive of sally ports. Of note, there are few, if any, blind spots. Camera clarity and effectiveness is assessed and reported every shift.;
- f. From an Ethnic perspective, the predominant races are Hispanic (50%) with Caucasians (25%) and Black (20%) following. Management concerns are minimal based on gang influence and staff are trained to communicate with management regarding gang member groupings, activities, and PREA concerns. The LGBTI population is minimal and is not a significant concern. Neither age disparity nor exploitation of detainee physical disabilities have been an issue at NSDC.;

The auditor notes that USMS detainees and ICE detainees are not housed in the same pods.;

g. Sufficient supervisory staff are available throughout the facility. The compound is divided into a low end and high end. Low end detainees are generally lower security risks and they are housed in open dormitories whereas high end detainees are housed in cells. A UM is assigned to the low end and another UM is assigned to the high end. Unit management staff work between the hours of 7:00AM and 8:00PM. A COS, Captains, LTs, and SGTs comprise the security supervision complement. The SGT and above positions are considered supervisory staff and accordingly, sufficient supervisory presence and benefits are realized. LTs and Captains facilitate a more generalized role as the second layer of supervision. Supervision is strategically placed throughout the facility to address potential "hot spots", as well as, facilitation of sexual safety rounds. Daily supervisory tours of the facility across all shifts facilitates knowledge of and interaction with both staff and detainees. SGTs are the operational cornerstone as they primarily facilitate their responsibilities in areas of concentration and with line staff.;

h. The majority of programming is facilitated on the first shift in view of staffing accessibility. If additional staffing is required for a special event, the area in which the event is being conducted may be saturated with staff. A conscious effort to

balance detainee population by program is implemented.;

i. The facility is subject to CC policies and the US Code for USMS/ICE detainees. ICE policies are applicable to the ICE detainee population.;

j. The prevalence, locations, etc. of substantiated and unsubstantiated incidents of sexual abuse are closely monitored and considered in the staffing plans/any corresponding requests for increased staffing/or electronic surveillance modification(s). Of note, only 27 sexual abuse/harassment investigations were facilitated at NSDC during the last 12 months. Unfounded cases exceeded both substantiated and unsubstantiated cases.;

k. It is noted that direct supervision is employed in each pod on a 24/7 basis. Additionally, there is no contact visitation as visitation is facilitated by tablet.

In regard to daily checks for compliance with the staffing plan, the COS and captains conduct a daily staffing roster review with the master scheduler (MS), taking into consideration the PREA Staffing Plan and reporting any variances to the Warden.

Captains, LTs, and SGTs update the daily roster, ensuring that changes are accurately noted on the same. Subsequently, during daily MBWA rounds, executive staff and ADO staff randomly compare actual staffing vs. the roster snapshot. In the event of variances, staff may be held over until replacement staff arrive. On occasion, ADO staff may run the shift while the captain redistributes staff to cover vacant post(s).

The Warden asserts that zero deviations from the PREA Staffing Plan occurred during the last 12 months. If a deviation had occurred, the same would be reported, in writing, to the CCPC and Managing Director (MD), with a justification for the vacancy and how the same was addressed. Roster vacancies may be filled with overtime, roster adjustments or encumbered by UMs or DCs. ADO staff may also fill any vacancies temporarily pending arrival of another DO.

The auditor notes that the PCM and Warden provided essentially the same responses in terms of the above.

As previously mentioned, the auditor's observations of staffing and video surveillance validate the above statements. Staff presence in the units was exceptional and cameras are vigorously monitored. Camera placements are abundant and placements are strategic. The presence of supervisory staff throughout the facility was impressive. Finally, line of sight is linear in some pods, while other pods provide open observation.

In view of the above, the auditor finds NSDC substantially compliant with 115.13(a).

115.13(b)

Pursuant to the PAQ, the Warden self reports 115.13(b) is not applicable to NSDC as there were no deviations from the staffing plan during the last 12 months.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section D(4)(e and f) (applicable to both USMS and ICE detainees) addresses

115.13(b). This policy requires that the COS review both the NSDC Staffing Plan and daily staffing roster to determine staffing strength and compliance with the PREA Staffing Plan. If a mandatory post is vacated for some reason, the COS will report the same to the PCM and he will issue a 5-1B report explaining the vacancy and measures taken to address the same.

The Warden asserts all instances of non-compliance with the PREA Staffing Plan would be documented. The Warden further self reports zero instances of staffing plan non-compliance have been noted during the last 12 months. If staffing plan non-compliance was to occur, a report would be completed and forwarded to the CCPC, MD, and other corporate staff. The report would address the reasons for the vacancy, as well as, corrective action(s) Implemented.

The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.13(b).

In view of the above, the auditor finds NSDC substantially compliant with 115.13(b).

115.13(c)

Pursuant to the PAQ, the Warden self reports that at least once every year, the facility, in collaboration with the CCPC, reviews the staffing plan to determine:

Whether adjustments are needed to the staffing plan;

The deployment of monitoring technology; and

The allocation of facility resources to commit to the staffing plan to ensure compliance with the same.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section D(4)(b) and (c)(i-iii) (applicable to both USMS and ICE detainees) and addresses 115.13(c).

The auditor's review of the May 30, 2024, February 17, 2025, and February 3, 2026 NSDC Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(c).

The CCPC asserts she is consulted minimally, on an annual basis, or whenever any assessments of, or adjustments to, the staffing plan are required at NSDC. The same is accomplished on an annual basis and whenever changes are made to the PREA Staffing Plan. Specifically, she is a reviewer and co-signer for the NSDC Annual Staffing Plan pursuant to policy.

In view of the above, the auditor finds NSDC substantially compliant with 115.13(c).

115.13(d)

Pursuant to the PAQ, the Warden self reports that intermediate-level or higher level

	<p>staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Rounds are documented and cover all shifts. Facility policy does prohibit staff from alerting other staff of the conduct of such rounds.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section D(1) and (2) (applicable to USMS and ICE detainees) addresses 115.13(d).</p> <p>The auditor's PAQ review of 8 pages of 2025 Correctional Services Logs reveals NSDC Supervisory Unannounced PREA Rounds log entries were completed on all shifts on different dates. Additionally, the auditor's onsite random review of the Correctional Service Log in Pod F-3 reveals the same.</p> <p>The intermediate or higher facility level staff interviewee states he facilitates unannounced sexual safety rounds at undesignated times, in non-routine fashion. He may start rounds, stop, and later double back to another starting point. Part of rounds may be completed at one time and finished at another time. He documents unannounced rounds in red ink in a handwritten journal (Officer's Log Book) and in the LTs Shift Log. Of note, there is a separate sign-in sheet for ADOs and other supervisors/department heads.</p> <p>During unannounced sexual safety rounds, he walks every tier, checking the sexual safety of every detainee. He has not had to admonish staff to refrain from announcing rounding and he closely monitors radio channels for any such activity.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.13(d).</p> <p>Accordingly, the auditor finds NSDC substantially compliant with 115.13.</p>
--	--

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.14(a-c)</p> <p>Pursuant to the PAQ, the Warden asserts the facility prohibits placing youthful detainee(s) in a housing unit in which a youthful detainee will have sight, sound, or physical contact with any adult detainees through use of a shared dayroom or other common space, shower area, or sleeping quarters. The Warden further self reports youthful detainees are not housed at NSDC and that in the last 12 months, zero youthful detainees were housed at NSDC.</p> <p>During the facility tour and subsequent rounds throughout the facility, the auditor did</p>

	<p>not observe any youthful detainee(s).</p> <p>In view of the lack of adverse findings with respect to this standard and accompanying provision(s), the auditor finds NSDC substantially compliant with 115.14.</p>
--	--

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.15(a)</p> <p>Pursuant to the PAQ, the Warden self reports cross-gender strip or cross-gender visual body cavity searches of detainees are not conducted at NSDC. However, the existence of exigent circumstances dictates whether the same can be conducted pursuant to governing policy. The Warden further self reports that zero cross-gender strip or cross-gender visual body cavity searches of detainees were facilitated at NSDC during the last 12 months.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section (J)(3) (applicable to USMS and ICE detainees) reveals substantial compliance with 115.15(a). Such approved visual searches of body cavities or strip searches may be facilitated only pursuant to exigent circumstances.</p> <p>According to the non-medical staff involved in cross-gender strip or visual searches of detainees interviewee, male staff do not conduct cross-gender strip or visual searches of female detainees at NSDC. The interviewee was adamant about his statement.</p> <p>Pursuant to the auditor's review of PAQ information and random on-site conversations with staff and detainees, the auditor did not discover any violation(s) of 115.15(a).</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.15(a).</p> <p>115.15(b)</p> <p>Pursuant to the PAQ, the Warden self reports the facility does not permit cross-gender pat-down searches of female detainees, absent exigent circumstances. Additionally, the facility does not restrict female detainees' access to regularly available</p>

programming or other out-of-cell opportunities in order to comply with this provision. The Warden further self reports that zero pat-down searches of female detainees were conducted by male staff at NSDC during the last 12 months.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section J(1) (applicable to USMS and ICE detainees) addresses 115.15(c).

Pursuant to the auditor's review of the CC website and on-site observations, male and female detainees are housed at NSDC.

In the event that insufficient female staff are on shift to conduct strip or pat searches of female detainees following a special event, all 12 random staff state the event would not be cancelled. Eleven random staff interviewees state there is always female staff on shift and one interviewee states that female staff would be called in to work. One random female detainee and three specialty detainee interviewees state that out of cell activities have not been cancelled as the result of insufficient female staff on shift to conduct strip or pat searches of female detainees following an activity.

In view of the above, the auditor finds NSDC substantially compliant with 115.15(b).

115.15(c)

Pursuant to the PAQ, the Warden self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. Additionally, policy requires documentation of cross-gender pat searches of female detainees.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section J(5) (applicable to USMS and ICE detainees) addresses 115.15(c).

The auditor notes that all strip searches are logged in the NSDC Cross-Gender Strip Search/Pat Search Log and on a Form 5-1B. He finds no violation of 115.15(c) requirements pursuant to random review of the aforementioned logs.

In view of the above, the auditor finds NSDC substantially compliant with 115.15(c).

115.15(d)

Pursuant to the PAQ, the Warden self reports policies and procedures have been implemented at NSDC that enable detainees to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The Warden further asserts policies and procedures require staff of the opposite gender to announce their presence when entering a detainee housing unit.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, sections J(6) and (7) (applies to USMS and ICE detainees) addresses 115.15(d).

During the facility tour, the auditor reviewed facility cameras and at the time of the tour, some female staff were assigned to the area(s) where the monitors are maintained. The auditor's review of camera angles validates the premise that cameras do not capture shower areas to the extent that detainee genitalia is exposed in shower(s), toilet areas, or detainee cells/dormitories. Detainees can change clothing in the shower areas to ensure privacy. Additionally, cameras in areas where exposure may be remotely possible are pixilated. Additionally, toilets are shielded by half walls and a swinging door.

The auditor notes that pixilation has been implemented in areas where potential genital exposure is possible. As an example, the Suicide Cell located in Medical is pixilated to provide toilet privacy.

Showers in some of the general population pods are comprised of a half wall adorned with a shower curtain for each shower and another half wall approximately six feet outside each individual shower. Urinals are not shielded however, the detainee using the same is facing a wall. The auditor does note that at approximately the mid point of the long wall located in front of the showers, there is an approximate eight foot break (appears to be an entrance area) where the half wall is stopped. This open area provides urinal exposure, dependent upon where a staff member is located, and accordingly, observation of genitalia may be possible.

Since conclusion of the onsite visit, the auditor has been provided with a photograph of the aforementioned open area which is now adorned with a canvas covering secured by grommets at the top of the half wall. The open area is now covered when the detainee fastens the canvas covering between the opening walls. Given the above, the auditor is satisfied that protection is now afforded to detainees when they fasten the same as described in the preceding sentence.

Of note, the CCPC asserts that a barn door configuration has been ordered and will be installed in these areas.

Additionally, during the facility tour, the auditor observed a portable screen located outside the shower in Medical. This strategy provides sufficient shielding and privacy for users.

During the facility tour and throughout the onsite visit, the auditor noted no instances wherein opposite gender staff failed to announce themselves when entering cell and dormitory areas. This practice appears to be institutionalized at NSDC.

Additionally, the auditor observed a painted notice at each pod entry area reflecting that opposite gender staff must announce their gender upon entry into the area.

Ten of 15 random detainee interviewees state that opposite gender staff announce their presence when entering housing pods. In regard to query as to whether detainees are ever naked or in full view of opposite gender staff while toileting,

showering, or changing clothing, all 15 detainee interviewees state they are not subject to the same.

The auditor notes that staff are clearly educated regarding the requirement for female staff to announce their presence upon entry into a pod. All 12 random staff interviewees state that opposite gender staff announce their presence when entering a dormitory or secure unit wherein opposite gender detainees are housed.

Furthermore, all 12 random staff interviewees state detainees are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

In view of the above, the auditor finds NSDC substantially compliant with 115.15(d).

115.15(e)

Pursuant to the Principal Deputy Director's (Bureau of Justice Assistance) memorandum dated December 2, 2025 regarding the National PREA Standards alignment with Executive Order (EO) 14168, both federal and non-federal correctional facilities shall not be held to subsections of the PREA standards that may conflict with EO 14168. Accordingly, PREA auditors are instructed to immediately pause from making compliance determinations regarding the following standards:

115.15(e) and (f);

115.31(a)(9);

115.41(d)(7);

115.42 (c through g); and

115.86(d)(2).

Accordingly, neither a compliance nor non-compliance finding is rendered for 115.15(e).

115.15(f)

Pursuant to the Principal Deputy Director's (Bureau of Justice Assistance) memorandum dated December 2, 2025 regarding the National PREA Standards alignment with Executive Order (EO) 14168, both federal and non-federal correctional facilities shall not be held to subsections of the PREA standards that may conflict with EO 14168. Accordingly, PREA auditors are instructed to immediately pause from making compliance determinations regarding the following standards:

115.15(e) and (f);

115.31(a)(9);

115.411(d)(7);

	<p>115.42 (c through g); and</p> <p>115.86(d)(2).</p> <p>Accordingly, neither a compliance nor non-compliance finding is rendered for 115.15(f).</p> <p>In view of the corrective action noted in the narrative for 115.15(d), the auditor finds NSDC substantially compliant with 115.15.</p>
--	--

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.16(a)</p> <p>Pursuant to the PAQ, the Warden self reports there are established procedures to provide disabled detainees 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.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 12 and 13, section H(7)(a) and (b) (applicable to USMS and ICE detainees) addresses 115.16(a).</p> <p>Within the PAQ information, a photograph of a TTY machine is present. This equipment is available for use by deaf detainees so they can converse with other individuals similarly situated or non-deaf individuals. The auditor notes that the CC PREA trifold pamphlet and the NSDC USMS Inmate Handbook are presented in both English and Spanish. Finally, at least two bilingual staff (primarily Spanish as second language) can provide translation services at NSDC.</p> <p>The auditor's review of VOYCE instructional documentation reveals a procedure is in place to provide interpretative services for non-English speaking and deaf detainees. Generally, solicitation of interpretational assistance through VOYCE is facilitated on staff telephones, cell phones, or via desktop.</p> <p>According to the Agency Head interviewee, the agency has established procedures to</p>

provide detainees with disabilities and detainees who are limited English proficient 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. Specifically, VOYCE, Inc. is used, when necessary, to communicate with limited English proficient (LEP) detainees. VOYCE has also been used to translate detainee handbooks into Spanish. VOYCE is available via website, video chat, telephone call, etc.

In addition to the above, the CoreCivic Facility Support Center provides assistance to facilities that enable them to locate potential vendors and/or other agencies that would provide services for detainees with disabilities. Some facilities have a Memorandum of Understanding (MOU) with organizations in the local communities to provide translation services when needed. TTY telephones are available at all facilities. Arrangements are also made to assist those detainees who are blind and video sign language is available at every facility via VOYCE or Language Line.

If a detainee has other disabilities, staff are trained to convey all information to them, however appropriate (e.g. reading a document or helping someone find information, etc.). Generally speaking, staff translators can also be used.

The following detainees with disabilities or limited English proficiency (LEP) types stated the facility provides information about sexual abuse and sexual harassment they are able to understand (one hard of hearing detainee, one physically disabled detainee, three mental health/cognitively impaired detainees, one of two LEP detainees and one blind detainee). Educational posters were noted to be posted in areas easily accessible to and observable by the detainee population (e.g. pods, program areas, operational areas). Additionally, posters appear to be written in language understandable by the detainee population. The auditor notes that a staff interpreter translated for the two LEP interviewees.

The intake staff interviewee states she provides a verbal overview of PREA during the Booking process inclusive of incident reporting, zero tolerance, and definitions of PREA behaviors. If VOYCE or Language Line is utilized, the same is documented on the PREA Acknowledgment form. She provides detainee(s) with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Specifically, she issues the CC PREVENT. DETECT. RESPOND. pamphlet, the NSDC USMS Inmate Handbook (presented in English and Spanish) or ICE tri-fold to respective incoming detainees. The updated version of the Handbook was issued on March 18, 2026, as observed by the auditor.

Additionally, the PREA video is shown. The interviewee notes that, according to the PCM, the PREA video is shown on a daily basis on Channel 3 [detainee televisions in the pod(s)].

If the detainee is non-English speaking, VOYCE is contacted to provide translation services. Mental health staff are utilized to translate for cognitively impaired detainees. She reads materials to blind detainees and she can access sign language services (for deaf or hard of hearing detainees) pursuant to VOYCE or LanguageLine and a staff translator may be used to translate Spanish.

In view of the above, the auditor finds NSDC substantially compliant with 115.16(a).

115.16(b)

Pursuant to the PAQ, the Warden self reports the agency has established procedures to provide LEP detainees 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.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section H(8) (applicable to USMS and ICE detainees) addresses 115.16(b).

The auditor reviewed the contract between CC and VOYCE, Inc. for provision of services to LEP detainees. Services for 200-plus languages are provided pursuant to this service. VOYCE can be accessed from any staff telephone, inclusive of cell phones where and when applicable, and is generally accessed by any staff member. Access to VOYCE, Inc. translators can also be accomplished via desktop connection.

The auditor notes that the CC PREA trifold pamphlet and NSDC USMS Detainee Handbook are presented in both English and Spanish. Additionally, at least two bilingual staff members (Spanish) can provide onsite translation services.

The auditor did test the VOYCE line at 9:39AM on March 19, 2026. This test was facilitated by the PCM and a DC via office telephone as VOYCE can be activated by NSDC landline, staff cell phone, or desktop. The connection was successfully made by dialing the VOYCE telephone number and subsequently, providing the CC contract number/access code. The caller did make physical contact with a VOYCE employee, advising of the purpose of this test call. As the type of translation required prompt would have followed, the connection was terminated and considered to be successful.

In view of the above, the auditor finds NSDC substantially compliant with 115.16(b).

115.16(c)

Pursuant to the PAQ, the Warden self reports agency policy prohibits use of detainee interpreters/detainee readers/or other types of detainee assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first-response duties under 115.64, or inhibit investigation of the detainee's allegations. The Warden further self reports that the facility documents the limited circumstances in individual cases where detainee interpreters, readers, or other types of detainee assistants are used.

Reportedly, there was zero instances, within the last 12 months, wherein detainee interpreters, readers, or other types of detainee assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the detainee's safety, the performance of first-response duties, or the

	<p>investigation of the detainee's allegations.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section H(9) (applicable to USMS and ICE detainees) addresses 115.16(c).</p> <p>All 12 random staff interviewees assert, to the best of their knowledge, detainee interpreters, detainee readers, or other types of detainee assistants have not been used in relation to reporting of sexual abuse or sexual harassment allegations during the last 12 months. It is noted that 11 of 12 interviewees identified further physical injury to the victim and one interviewee identified loss of physical evidence as legitimate reason(s) to invoke 115.16(c) procedures. All 12 interviewees state that agency policy prohibits use of detainee interpreters, detainee readers, or other types of detainee assistants for translation of a sexual abuse report, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first-response duties under §115.64, or investigation of the detainee's allegations.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.16(c).</p> <p>Accordingly, the auditor finds NSDC substantially compliant with 115.16.</p>
--	---

115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.17(a)</p> <p>Pursuant to the PAQ, the Warden self reports agency policy prohibits hiring or promoting anyone who may have contact with detainees and prohibits enlisting the services of any contractor who may have contact with detainees who:</p> <ul style="list-style-type: none"> Has engaged in sexual abuse of a detainee, inmate/resident in a prison, jail, lock-up, 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 in the preceding bullet. <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4,</p>

section B(1)(a-c) (applicable to USMS and ICE) addresses 115.17(a).

The auditor's PAQ review of one 2023, one 2024, and one 2025 contractor Self Declaration of Sexual Abuse/Sexual Harassment forms (14-2H) reveals substantial compliance with 115.17(a). Additionally, one 2023 and one 2025 14-2H forms (applicable to staff) reveals substantial compliance with 115.17(a). Employees and contractors answered the three questions specifically asked and responded, in writing, to complete the form. They also signed and dated the document.

The auditor's onsite review of two of three random contractor and five of six newly hired staff (all hired/selected during the last 18 months) 14-2H forms reveals compliance with 115.17(a) to the extent the three questions are specifically asked, and staff responded, in writing, to complete the form. Of note, the 115.17(b) question regarding sexual harassment is also included on the form. In each case, responses to the four questions were negative.

In the latter six cases, criminal background record checks were likewise completed in a timely manner with no evidence of 115.17(a) or (b) violations. Of note, USMS staff approve all hires, both staff and contractors, and accordingly, in many cases, conditional approval is granted pending completion of the full criminal background record check. In other words, sufficient evidence is available to them indicating that the employee is suitable for hire. Additionally, the auditor's review of both contractor files reveals substantial compliance with 115.17(a) and (b).

With respect to the three promotion cases reviewed by the auditor, the 14-2H was completed in fairly close proximity to the promotion date.

Accordingly, the auditor finds NSDC substantially compliant with 115.17(a), (b), and (d).

115.17(b)

Pursuant to the PAQ, the Warden self reports agency policy requires the consideration of any incidents of sexual harassment of detainees, inmates, residents in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(2) (applicable to USMS and ICE) addresses 115.17(b).

The auditor's PAQ review of one 2023, one 2024, and one 2025 contractor Self Declaration of Sexual Abuse/Sexual Harassment forms (14-2H) reveals substantial compliance with 115.17(a) and (b). Additionally, one 2023 and one 2025 14-2H reveals substantial compliance with 115.17(a) and (b). Employees and contractors answered the three questions specifically asked and responded, in writing, to complete the form. They also signed and dated the document.

The auditor's onsite review of two random contractor and five of six newly hired staff

(all hired/selected during the last 18 months) 14-2H forms reveals compliance with 115.17(a) to the extent the four questions are specifically asked, and staff responded, in writing, to complete the form. Of note, the 115.17(b) question regarding sexual harassment is also included on the form. In each case, responses to the four questions were negative.

In the latter six cases, criminal background record checks were likewise completed in a timely manner with no evidence of 115.17(a) or (b) violations. Of note, USMS staff approve all hires, both staff and contractors, and accordingly, in many cases, conditional approval is granted pending completion of the full criminal background record check. In other words, sufficient evidence is available to them indicating that the employee is suitable for hire. Additionally, the auditor's review of both contractor files reveals substantial compliance with 115.17(a) and (b).

With respect to the three promotion cases reviewed by the auditor, the 14-2H was completed in fairly close proximity to the promotion date.

The auditor notes that while there is a question regarding sexual harassment on the 14-2H form, there is no method for validation of the employee's or contractor's response as reflected on the same. The HR interviewee states that the 115.17(a) and (b) questions are also asked on the PREA Questionnaire for Prior Institutional Employers form (03-20-02B) which is forwarded to prior institutional employer(s). The auditor validated the same.

The HR interviewee states that copious documentation is maintained with respect to attempts to secure information from the 3-20-2B form. Minimally, three attempts must be facilitated regarding the same.

Pursuant to the auditor's review of eight random applicable files (staff selected within this audit period), he finds two instances wherein prior institutional employment was listed. One of the applicable cases reveals that the 3-20-2B form was properly forwarded to the prior institutional employer. In the other case, the employee was selected by the corporate office and therefore, the same is not applicable to NSDC. Accordingly, the auditor finds that NSDC is substantially compliant with 115.17(c) and there is no evidence of 115.17(b) non-compliance.

The HR interviewee states the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with detainees. The employee applicant or contractor applicant completes a 14-2H at application, in conjunction with a promotion application, and annually thereafter. NSDC staff forward the 03-20-02B form to prior institutional employers for completion and the form includes a question regarding sexual harassment of detainees.

The auditor notes that completion of the 14-2H form on an annual basis did not commence until 2023.

The 14-2H form [comprised of four questions- three 115.17(a) and one 115.17(b)] is administered to the prospective employee as an applicant, in conjunction with

promotion applications, and subsequently on an annual basis and the same is administered to contractors. Substantiating information regarding previous incidents of sexual harassment may be gleaned pursuant to previous institutional employer inquiries.

In view of the above, the auditor finds NSDC substantially compliant with 115.17(b).

115.17(c)

Pursuant to the PAQ, the Warden self reports agency policy requires that before new employees who may have contact with detainees are hired, a criminal background record check is conducted and consistent with federal, state, and local law, best efforts are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Warden further self reports during the last 12 months, 217 applicants who may have contact with detainees have had criminal background record checks completed. This equates to 100% of staff hired during this time frame, as well as, existing staff.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 4 and 5, section B(7 and 8) (applicable to USMS and ICE) addresses 115.17(c).

According to the HR interviewee, criminal background record checks are performed or pertinent civil or administrative adjudications are considered for all newly hired employees and contractors who may have contact with detainees.

A conditional offer of employment triggers a criminal background record check by First Advantage (vendor). The request for criminal background record check is initiated by human resources (HR) staff. According to the interviewee, First Advantage investigators facilitate a 48 state review of upper and lower court data bases. Additionally, USMS staff facilitate an NCIC criminal background record check prior to making any conditional approvals for hire. This same procedure applies to contractors.

The auditor's review of three 2025 USMS approvals for hire reveals substantial compliance with 115.17(c)-1.

The auditor's PAQ review of one completed PREA Questionnaire for Prior Institutional Employer form reveals substantial compliance with 115.17(c). The document was completed by an NSDC Human Resources Specialist pursuant to contact with staff from the previous employer.

Accordingly, the auditor finds NSDC substantially compliant with 115.17(c).

115.17(d)

Pursuant to the PAQ, the Warden self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with detainees. The Warden further self reports criminal background record checks were conducted with respect to 110 contractors who may have contact with detainees.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 4 and 5, section B(7) (applicable to USMS and ICE) addresses 115.17(d).

According to the HR interviewee, criminal background record checks are performed or pertinent civil or administrative adjudications are considered for all newly hired employees and contractors who may have contact with detainees. With respect to internal promotion applicants, a new criminal background record check is not completed as a vouchering process is utilized. As that employee has been under the continuous employ of NSDC pursuant to these circumstances, contact with the employee's current supervisor, review of any sexual abuse/harassment allegations and investigations, as well as, the employment record is deemed appropriate. The auditor concurs with this process.

The request for criminal background record check is initiated by HR staff. According to the interviewee, First Advantage investigators facilitate a 48 state review of upper and lower court data bases. Additionally, USMS staff facilitate an NCIC criminal background record check prior to making any conditional approvals for hire. This same procedure applies to contractors.

Of note, USMS staff approve all hires, both staff and contractors, and accordingly, in many cases, conditional approval is granted pending completion of the full criminal background record check. In other words, sufficient evidence is available to them indicating that the employee is suitable for hire. Additionally, the auditor's review of both contractor files reveals substantial compliance with 115.17(d).

The auditor notes that an NSDC spreadsheet tracking record reflects dates associated with the hiring process and criminal background record checks for contractors.

In view of the above, the auditor finds NSDC substantially compliant with 115.17(d).

115.17(e)

Pursuant to the PAQ, the Warden self reports that criminal background record checks are conducted at five-year employment intervals for current employees and contractors who may have contact with detainees.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 4 and 5, section B(7) (applicable to USMS and ICE) addresses 115.17(e).

According to the HR interviewee, NSDC HR staff maintain a tracker to track five-year criminal background record reinvestigations. The tracker alerts two months prior to the five-year anniversary date and HR staff commence the process with staff and

USMS staff to facilitate the reinvestigation. The tracker is a tool to assist in timely management of the criminal background record check and reinvestigation processes.

According to the HR interviewee, criminal background record checks are performed or pertinent civil or administrative adjudications are considered for all newly hired employees and contractors who may have contact with detainees. An approaching five-year anniversary date triggers a criminal background record check by the HR investigator. The request for criminal background record check is initiated by HR staff. Additionally, USMS staff facilitate an NCIC criminal background record check during the 5-year reinvestigation process. This same procedure applies to contractors.

The auditor's on-site random review of two applicable staff and zero applicable contractors reveals a current five-year criminal background record check was completed and there is no evidence of a criminal record warranting sexual safety consideration.

In view of the above, the auditor finds NSDC substantially compliant with 115.17(e).

115.17(f)

Pursuant to the PAQ, the agency shall ask all applicants and employees who may have contact with detainees directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(5) (applicable to USMS and ICE) addresses 115.17(f).

The auditor's on-site review of six applicable random staff [staff with entry on duty (EOD) dates prior to the last 14 months] HR files reveals they did complete the annual 14-2H form on an annual basis. Promotion 14-2Hs for all three promotions are likewise commensurate with this standard provision.

The auditor notes that the agency also imposes upon employees a continuing affirmative duty to disclose any such misconduct as evidenced by the actual 14-2H form.

According to the HR interviewee, the relevant questions are asked both in the on-line application and the 14-2H. Additionally, policy requires that the 14-2H is administered during the applicant stage, subsequent to hire, and annually thereafter. The annual certification also addresses promotion actions.

The HR interviewee further states the facility imposes a continuing affirmative duty to disclose any such previous misconduct as described at 115.17(a). This affirmative

duty is addressed within the 14-2H form, itself. As previously mentioned, the 14-2H form is signed and dated by the employee.

The auditor is familiar with the process utilized by CC and he finds the same to be commensurate with 115.17(f) expectations.

In view of the above, the auditor now finds NSDC substantially compliant with 115.17(f).

115.17(g)

Pursuant to the PAQ, the Warden self reports agency policy states material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(6) (applicable to USMS and ICE) addresses 115.17(g).

The auditor notes there is a caveat within the 14-2H wherein substantiation of the 115.17(g) requirement is achieved. As previously noted, the employee signs and dates the document, signifying his/her understanding of the caveat at application, selection, and annually thereafter.

Document review findings are reflected throughout the 115.17 narrative.

In view of the above, the auditor finds NSDC substantially compliant with 115.17(g).

115.17(h)

Pursuant to the PAQ, unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(9) (applicable to USMS and ICE) addresses 115.17(h).

The HR interviewee states that when a former employee applies for work at another institution and upon request from that institution, NSDC provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. The Human Resources Manager (HRM) makes the decision regarding release.

In view of the above, the auditor finds NSDC substantially compliant with 115.17(h).

	<p>In view of the absence of adverse findings throughout the 115.17 narratives, the auditor finds NSDC substantially compliant with 115.17.</p>
--	---

115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.18(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility has not made any substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section E(1) and (2) addresses 115.18(a).</p> <p>According to the Agency Head interviewee, CoreCivic employs architects and other professionals who, through experience, research, and consulting, have knowledge of the issues and needs presented by PREA. With respect to new builds and renovations, the design staff will consult with the PC for recommendations and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms, and any areas where detainees may be in a state of undress. Blind spots are identified that can be corrected through video surveillance coverage. During acquisitions, the staff making the site visits develop a preliminary assessment and the PC is involved in the review of physical plant issues. At existing facilities, a Form 7-1B (PREA Physical Plant Considerations) is used to ensure PREA is considered when initiating a renovation/new construction.</p> <p>According to the Warden, zero substantial expansions or modifications were added to the facility since the last PREA audit.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.18(a).</p> <p>115.18(b)</p> <p>Pursuant to the PAQ, the Warden self reports the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. However, during the Warden's interview, he stated that enhanced quality cameras replaced existing cameras when existing cameras were no longer operational.</p>

	<p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section E(3) (applicable to USMS and ICE detainees) addresses 115.18(b).</p> <p>The Agency Head interviewee asserts that camera systems are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration for optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs for cross-gender viewing in areas like restrooms and shower areas. Technology is also discussed with the facility during the PREA Staffing Plan Assessment that is reviewed each year by facility staff and the CCPC. Some facilities do use staff-worn camera technology while others do not. CC has recently started utilizing AI-enabled camera systems that have facial recognition capabilities. This assists in intervention, detection, and response to sexual abuse.</p> <p>PREA staff met with staff in the Information Technology (IT) Department as recently as August, 2025 to reinforce expectations regarding documentation and collaboration when new cameras are installed or upgrades made. This included an expectation of project-based updates and overall enterprise activity at year-end for the Annual PREA Report.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.18(b).</p> <p>Accordingly, the auditor finds NSDC substantially compliant with 115.18.</p>
--	---

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.21(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting any administrative sexual abuse investigations (including detainee-on-detainee sexual abuse or staff sexual misconduct which has been released for administrative investigation). However, Nye County Sheriff Office (NCSO) investigator(s) facilitate criminal investigations of sexual abuse at NSDC. When conducting administrative investigations, NSDC PREA investigator(s) follow a uniform evidence protocol.</p> <p>Both the security and non-security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Eleven of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while</p>

ensuring the perpetrator doesn't destroy physical evidence. It is noted that 14 interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a).

Eight of the 12 interviewees state the facility investigator facilitates administrative sexual abuse investigations and 10 of 12 interviewees state that NCSO investigator(s) facilitate criminal sexual abuse investigations at NSDC.

In view of the above, the auditor finds NSDC substantially compliant with 115.21(a).

115.21(b)

Pursuant to the PAQ, the Warden self reports that whether the protocol is developmentally appropriate for youth is not applicable to NSDC as youthful detainees are not housed at the facility however, the following policy reflects the same is developmentally appropriate for youth. The Warden further self reports the protocol was adapted from, or is otherwise based on the most recent edition of the DOJ'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.

CC Policy 13-79 entitled Sexual Assault Response, page 3, section (B)(7) (applicable to USMS and ICE) addresses 115.21(b).

Of note, the auditor's review of the CC protocol for obtaining usable physical evidence by NSDC staff and the NSDC investigator reveals substantial compliance with 115.21(b). NSDC staff preserve the crime scene and follow-up on physical evidence that may be on the victim/perpetrator pursuant to 115.64.

NCSO investigator(s) utilize their protocol in terms of evidence collection in criminal matters, as articulated in the Memorandum of Understanding between NSDC and NCSO.

In view of the above, the auditor finds NSDC substantially compliant with 115.21(b).

115.21(c)

Pursuant to the PAQ, the Warden self reports all detainees who experience sexual abuse are afforded access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Nurse Examiners (SANEs). Efforts to provide SANEs are documented as reflected above.

CC Policy 13-79 entitled Sexual Assault Response, page 3, section B(6) (applicable to USMS and ICE) addresses 115.21(c).

Following contact with two hospitals in the Las Vegas, NV area (UMC and Sunrise), the

auditor was informed that SANE Nurses were not on staff at either hospital. Pursuant to follow-up by the NSDC Quality Assurance Manager (QAM) with Signs of Hope (VA provider), she learned that Nevada Healthright (a group of forensic nursing providers) facilitates forensic nursing examinations in the area. The auditor did attempt to contact officials at Nevada Healthright and left a voicemail, with no response.

In addition to the above, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails from the auditor, the detective did attempt to contact the auditor however, the same was unsuccessful. The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and Nevada Healthright has not been validated as the forensic examination provider by the criminal investigative interviewee.

In the last 12 months, two forensic medical examinations were conducted relative to an NSDC detainee who alleged sexual abuse. The auditor's review of one applicable investigation reveals substantial compliance with 115.21(c).

In view of the above, the auditor finds NSDC substantially compliant with 115.21(c).

115.21(d)

Pursuant to the PAQ, the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocacy services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

The PCM asserts that if requested by the victim, a victim advocate (VA) from Signs of Hope accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. Provision of these services is memorialized in an MOU.

During the onsite visit, the auditor interviewed three detainees who indicated they reported sexual abuse/harassment incidents at NSDC. One interviewee stated he reported a sexual abuse incident that occurred at NSDC. One interviewee stated that he did not report a sexual abuse incident that occurred at NSDC and another detainee victim reported that he was offered a VA and he declined the same. The auditor notes that a forensic examination was not ordered in any of these cases.

In view of the above, the auditor finds NSDC substantially compliant with 115.21(d), (e), and (h).

115.21(e)

Pursuant to the PAQ, the Warden self reports that if requested by the victim, a qualified agency staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The PCM asserts that victim advocates (VAs) from Signs of Hope can accompany detainee victims of sexual abuse for forensic examinations and investigatory interviews and the same is articulated in the MOU with Signs of Hope.

The PCM asserts that if requested by the victim, VA(s) accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. Corporate staff reach out to Signs of Hope relative to VA credentials.

The auditor's review of the MOU between CC and Signs of Hope validates the PCM's assertion as noted above.

During the onsite visit, the auditor interviewed three detainees who indicated they reported sexual abuse/harassment incidents at NSDC. Two of the three interviewees state they actually reported sexual abuse incidents that occurred at NSDC. One interviewee stated that he did not report a sexual abuse incident that occurred at NSDC and another detainee victim reported that he was offered a VA and he declined the same. The auditor notes that a forensic examination was not ordered in any of these cases.

In view of the above, the auditor finds NSDC substantially compliant with 115.21(e).

115.21(f)

Pursuant to the PAQ, the Warden self reports if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs 115.21 (a through e) of the PREA standards.

NSDC staff investigate administrative allegations of sexual abuse while NCSO investigators facilitate criminal investigations. The auditor's review of the MOU between NSDC and NCSO regarding PREA considerations during the criminal investigation reveals substantial compliance with 115.21(f).

In view of the above, the auditor finds NSDC substantially compliant with 115.21(f).

	<p>115.21(h)</p> <p>Pursuant to the PAQ, the Warden self reports that Signs of Hope is a well-respected VA not-for-profit entity within Nevada.</p> <p>The auditor's review of the Signs of Hope website reflects that VAs are equipped to facilitate their duties, both in the community and within the PREA context. In actuality, Signs of Hope VAs provide all necessary services required pursuant to 115.21(d) and (e) and 115.53(a).</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.21(h).</p> <p>Given the absence of adverse findings associated with 115.21 provisions, the auditor finds NSDC substantially compliant with 115.21.</p>
--	---

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.22(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Twenty-seven (27) administrative sexual abuse/harassment investigations were opened and 27 were completed during the last 12 months. In the last 12 months, two investigations were referred to NSDC investigator(s) for criminal investigations.</p> <p>According to the investigator, all sexual abuse/harassment investigations are discussed with NCSO investigators to determine whether the same will be investigated criminally or administratively.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section (14) (applicable to USMS and ICE detainees) addresses 115.22(a).</p> <p>The auditor's on-site review of 12 random sexual abuse/harassment investigations validates the above statement regarding investigation opening and completion.</p> <p>According to the Agency Head interviewee, it is CC policy to complete an administrative investigation and refer allegations of sexual abuse or sexual harassment that are potentially criminal to a law enforcement agency with legal authority to complete criminal investigations. Administrative investigations are conducted in such a manner to not disturb evidence, etc. associated with a criminal</p>

investigation. Administrative investigations are completed by a PREA specialty trained CC investigator(s) and criminal investigations are completed by NSDC investigator(s).

In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts that all allegations are reported in the CC Incident Reporting Database (IRD). All investigations are completed in a prompt, thorough, and objective manner. The allegation(s) are subsequently assigned to an administrative investigator if the allegation(s) are not criminal, in nature.

This system requires multiple levels of administrative oversight and review and all investigative steps and efforts are documented on CC forms. A 72-hour telephone call with the FSC PREA Office is held to ensure compliance and proper investigative protocols are being followed. Investigators are required to follow-up with law enforcement prior to closure of an administrative case.

Allegations that could result, if substantiated, in criminal violations are referred to the appropriate law enforcement officials. CC staff are committed to working with outside law enforcement.

The administrative investigation is generally completed by the facility investigator. She does interview witnesses and assesses victim, perpetrator, and witness credibility. Finally, the administrative investigative staff member writes an investigative report.

In view of the above, the auditor finds NSDC substantially compliant with 115.22(a).

115.22(b)

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires allegations of sexual abuse and sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Warden further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of sexual abuse or sexual harassment allegations for criminal investigation. The auditor's review of the CC website validates that the policy is maintained on the same, as well as, a narrative regarding both administrative and criminal sexual abuse/harassment investigations.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section 14 (applicable to USMS and ICE detainees) addresses 115.22(b).

The administrative investigative staff interviewee states agency policy requires that allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not

	<p>involve potentially criminal behavior. Criminal matters are referred to NCSO investigator(s) for criminal investigation. The interviewee states that she contacts NCSO investigator(s) to determine whether each individual case will be investigated as an administrative or criminal matter. The interviewee commences an administrative investigation unless NCSO investigator(s) advise that they are facilitating the investigation. Of note, referrals for criminal investigations are documented in the CC Incident Reporting Database.</p> <p>Of note, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails from the auditor, the detective did attempt to contact the auditor however, the same was unsuccessful. The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and accordingly, the criminal investigative interview is incomplete.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.22(b).</p> <p>115.22(c)</p> <p>The auditor's review of the aforementioned policies reveals that the same clearly articulate investigative responsibilities for both NCSO, as well as, the NSDC investigator(s).</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.22(c).</p> <p>Accordingly, based on the evidence articulated throughout this narrative, the auditor finds NSDC substantially compliant with 115.22.</p>
--	--

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.31(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with detainees regarding the 10 topics listed in 115.31(a).</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section C(1) and C(2) (applicable to USMS and ICE) addresses 115.31(a).</p> <p>The auditor's limited review of the PREA Overview Facilitator Guide slides reveals</p>

substantial compliance with 115.31(a) in terms of the 10 required topics. Slides reveal that all requisite staff training [as applied to 115.31(a)] is available at NSDC.

The auditor's onsite review of seven of eight applicable random staff training records (Entry on Duty dates during 2023-2026) reveals substantial compliance with 115.31(a). Specifically, PREA Orientation training was facilitated within close proximity to respective staff's entry-on-duty date. Eight additional files pertained to staff hired during the last audit period or prior to the same.

During Pre-Service PREA training, staff sign and date the CC Training Acknowledgment, certifying their understanding of the comprehensive PREA training provided. During PREA Annual Refresher Training (ART), employees sign electronically that they understand the PREA subject-matter presented. The auditor's review of affected staff electronic training records revealed the above.

All 12 random staff interviewees state they have received PREA training regarding the topics articulated in 115.31(a) above. Minimally, all random staff interviewees hired since the last PREA audit received such training during the PREA In-Service training and prior to assumption of duties with detainees. When applicable, they again received the same training during PREA ART. Training is presented in both in-person and online E Learning formats. All newly hired employees completed PREA Orientation training prior to contact with detainees.

In view of the above, the auditor finds NSDC substantially compliant with 115.31(a).

115.31(b)

Pursuant to the PAQ, the Warden self reports training is tailored to the male and female genders of the detainees assigned to the facility. The Warden further self reports employees, who are reassigned from facilities housing the opposite gender, are given additional training.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section C(1) (applicable to USMS and ICE) addresses 115.31(b).

As previously mentioned, the auditor's review of both curriculum and slides reveals substantial compliance with 115.31(b). Specifically, the training curriculum is applicable to both male and female detainees and both genders are housed at NSDC.

In view of the above, the auditor finds NSDC substantially compliant with 115.31(b).

115.31(c)

Pursuant to the PAQ, the Warden self reports that between trainings, the agency provides employees who may have contact with detainees with refresher information about current policies regarding sexual abuse and sexual harassment. Minimally, staff receive PREA ART on an annual basis.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section C(2) (applicable to USMS and ICE) addresses 115.31(c).

The auditor's review of the aforementioned slides reveals substantial compliance with 115.31(a) and (c). The auditor's onsite review of 16 random 2024-2026 staff training records reveals compliance with 115.31(c).

Minimally, 2024 and 2025 PREA ART entries are located in electronic files for staff hired between 2023 and 2025. Review of eight additional training files (staff hired prior to 2023) reveals receipt of PREA ART on an annual basis. Review of three records reveals that staff were not yet due for PREA ART in view of the proximity of their EOD date to the onsite visit.

Since the basic PREA course is an online course, there is no 14-2A and the acknowledgment is signed and documented in a digital log with the training department. By virtue of electronic signature that each employee and/or contractor sees when he/she completes the on-line PREA training module, 115.31(d) is substantiated. The "I understand" caveat is clearly articulated on this screen. If staff/contractors do not acknowledge on this form, they will not be credited as complete on the training printout.

The auditor's PAQ review of a Training Acknowledgment Roster confirms the "I understand" caveat is present on the forms and the employee signs and dates the same or provides an electronic signature.

In view of the above, the auditor finds that NSDC exceeds standard requirements with respect to 115.31(c) as PREA ART is provided on an annual basis. 115.31(c) requires provision of refresher training on a bi-annual basis.

115.31(d)

Pursuant to the PAQ, the Warden self reports the agency documents that employees who may have contact with detainees understand the training they have received through employee signature or electronic verification.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 5 and 6, section C(3) and (4) (applicable to USMS and ICE) addresses 115.31(d).

Minimally, 2024 through 2025 PREA ART entries are located in electronic files for staff hired between 2023 and 2025. Review of eight additional training files (staff hired prior to 2023) reveals receipt of PREA ART on an annual basis. Review of three records reveals that staff were not yet due for PREA ART in view of the proximity of their EOD date to the onsite visit.

Since the basic PREA course is an online course, there is no 14-2A and the acknowledgment is signed and documented in a digital log with the training department. By virtue of electronic signature that each employee and/or contractor sees when he/she completes the online PREA training module, 115.31(d) is

	<p>substantiated. The "I understand" caveat is clearly articulated on this screen. If staff/contractors do not acknowledge on this form, they will not be credited as complete on the training print out.</p> <p>In view of the above, the auditor finds that NSDC is substantially compliant with 115.31(d).</p> <p>Accordingly, in view of the "Exceeds" finding with respect to 115.31(c), the auditor finds NSDC exceeds expectations with respect to 115.31.</p>
--	---

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.32(a)</p> <p>Pursuant to the PAQ, the Warden self reports all contractors and volunteers, who have contact with detainees, have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 23 contractors/volunteers who have contact with detainees, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The auditor's review of current contractor and volunteer rosters reveals that 25 contractors and volunteers currently provide services at NSDC.</p> <p>Contractors [food service contractors (Trinity) and medical] receive the same training as all facility employees. Additionally, Trinity provides PREA training to food service staff at NSDC.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section 8(a) (applicable to USMS and ICE) addresses 115.32(a).</p> <p>The two food service and contractor interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate (in person) in the CC PREA Orientation or ART training (online), whichever is applicable. Additionally, the food service director or food service supervisor provides Trinity staff (food service contractor) PREA training on an Orientation and annual basis.</p> <p>The training encompasses, but is not limited to, the agency's zero tolerance policy against sexual abuse/harassment of detainees, reporting options, description(s) of what sexual abuse/harassment looks like in a confinement setting, and the impact(s) of sexual abuse/harassment on the jail population.</p>

The auditor's review of one PAQ 2025 Volunteer Code of Ethics, one 2025 Volunteer Agreement and a blank 14-2K form reveals substantial compliance with 115.32(a). The 14-2K document contains the requisite "I understand" caveat.

The auditor notes that most contractor PREA training is accomplished via online platform. Accordingly, the auditor's PAQ review of an Acknowledgment Report applicable to Trinity Food Service staff serves as evidence of completion of requisite PREA training by two Trinity staff. Since the basic PREA course is an online course, there is no 14-2A and the acknowledgment is signed and documented in a digital log with the training department. By virtue of electronic signature that each employee and/or contractor sees when he/she completes the on-line PREA training module, 115.31(d) is substantiated. The "I understand" caveat is clearly articulated on this screen. If staff/contractors do not acknowledge on this form, they will not be credited as complete on the training print out.

In addition to the above, the auditor's review of a 2025 Specialized PREA Training (volunteers) roster bearing the printed names, signatures, and date of completion for 22 volunteers reveals substantial compliance with 115.32(a).

Two volunteer interviewees, one Trinity Food Service detainee supervisor, and the Trinity Food Service Director state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate in the CC PREA Orientation or ART training (in-person or online), whichever is applicable. The two volunteer interviewees completed a 2025 14-2K certifying PREA training and understanding of the same. These documents were signed and dated by both volunteers.

In view of the above, the auditor finds NSDC substantially compliant with 115.32(a).

115.32(b)

Pursuant to the PAQ, the Warden self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with detainees. The Warden further self reports all volunteers and contractors who have contact with detainees have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section 8(b) (applicable to USMS and ICE) addresses 115.32(b).

Contractors [food service contractors (Trinity) and medical] receive the same training as all other facility employees. Additionally, Trinity provides PREA training to food service staff at NSDC.

The two food service interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection,

and response, per agency policy and procedure. Specifically, they participate (in person) in the CC PREA Orientation or ART training (online), whichever is applicable. Additionally, the food service director (FSD) provides Trinity staff (food service contractor) PREA training on an Orientation and annual basis.

The training encompasses, but is not limited to, the agency's zero tolerance policy against sexual abuse/harassment of detainees, reporting options, description(s) of what sexual abuse/harassment looks like in a confinement setting, and the impact(s) of sexual abuse/harassment on the jail population.

The auditor notes that all contractor PREA training is accomplished via online platform. Accordingly, the auditor's PAQ review of an Acknowledgment Report applicable to medical contractors serves as evidence of completion of requisite PREA training by two medical contractors. Since the basic PREA course is an online course, there is no 14-2A and the acknowledgment is signed and documented in a digital log with the training department. By virtue of electronic signature that each employee and/or contractor sees when he/she completes the on-line PREA training module, 115.31(d) is substantiated. The "I understand" caveat is clearly articulated on this screen. If staff/contractors do not acknowledge on this form, they will not be credited as complete on the training print out.

In addition to the above, the auditor's review of a 2025 Specialized PREA Training (volunteers) roster bearing the printed names, signatures, and date of completion for 22 volunteers reveals substantial compliance with 115.32(a).

In view of the above, the auditor finds NSDC substantially compliant with 115.32(b).

115.32(c)

Pursuant to the PAQ, the Warden self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 6 and 7, section 8(b)(i) and (d) (applicable to USMS and ICE) addresses 115.32(c).

The auditor's review of one PAQ 2025 Volunteer Code of Ethics, one 2025 Volunteer Agreement and a blank 14-2K form reveals substantial compliance with 115.32(a). The 14-2K document contains the requisite "I understand" caveat.

The auditor notes that all contractor PREA training is accomplished via online platform. Accordingly, the auditor's PAQ review of an Acknowledgment Report applicable to medical contractors serves as evidence of completion of requisite PREA training by two medical contractors. Since the basic PREA course is an online course, there is no 14-2A and the acknowledgment is signed and documented in a digital log with the training department. By virtue of electronic signature that each employee and/or contractor sees when he/she completes the on-line PREA training module, 115.31(d) is substantiated. The "I understand" caveat is clearly articulated on this screen. If staff/contractors do not acknowledge on this form, they will not be credited

	<p>as complete on the training print out.</p> <p>In addition to the above, the auditor's review of a 2025 Specialized PREA Training (volunteers) roster bearing the printed names, signatures, and date of completion for 22 volunteers reveals substantial compliance with 115.32(a).</p> <p>Two volunteer interviewees, a medical contractor, and two Trinity Food Service supervisors state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate in the CC PREA Orientation or ART training (in-person or online), whichever is applicable.</p> <p>The two volunteer interviewees completed a 2025 14-2K certifying PREA training and understanding of the same. These documents were signed and dated by both volunteers.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.32(c).</p> <p>Accordingly, the auditor finds NSDC substantially compliant with 115.32.</p>
--	---

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.33(a)</p> <p>Pursuant to the PAQ, the Warden self reports detainees receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 7996 detainees admitted to NSDC during the last 12 months were given this information at intake.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 11 and 12, section H(1) (applicable to USMS and ICE detainees) addresses 115.33(a).</p> <p>The intake staff interviewee states detainees are provided with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Specifically, the CC PREVENT. DETECT. RESPOND. pamphlet (presented in English and Spanish), the NSDC Detainee Handbook, the USMS or ICE tri-fold pamphlets, and the PREA video are provided to all incoming detainees. A verbal orientation regarding reporting procedures for sexual abuse/harassment incidents, zero tolerance, and definitions of PREA issues is also provided. The PREA video is shown daily on channel 3. The auditor notes that the annual NSDC Detainee Handbook was provided to all detainees on March 18, 2026.</p>

Every detainee admitted to NSDC receives PREA Orientation.

If the detainee is non-English speaking, VOYCE is contacted to provide translation services. Mental health staff are utilized to translate for cognitively impaired detainees. LanguageLine may be used for supply of sign language services.

Materials are read to blind detainees and a staff translator may be used to translate Spanish.

Thirteen of 15 random detainee interviewees report they received at least one or more of the NSDC Detainee Handbook, the aforementioned CC tri-fold pamphlet, the USMS or ICE pamphlets at intake (day of arrival) up to two days from the date of arrival. PREA education generally concludes with PREA orientation facilitated by a CM.

The auditor's PAQ review of four completed PREA Education Acknowledgment forms reveals that initial PREA education was provided in a timely manner.

The auditor's on-site review of all 15 random detainee files pertaining to detainees received at NSDC during the last 12 months reveals that the NSDC Detainee Handbook and the aforementioned tri-fold pamphlets were received by arriving detainees on the date of arrival.

In view of the above, the auditor finds NSDC substantially compliant with 115.33(a).

115.33(b)

Pursuant to the PAQ, the Warden self reports 3334 detainees were admitted to NSDC during the last 12 months whose length of stay was 30 days or more. According to the PAQ, 1584 of those 3334 detainees received comprehensive PREA education within 30 days of arrival. Upon further review with the PCM, the auditor determined that 3334 detainees have been admitted to NSDC during the last 12 months. The figure of 1584 detainees was erroneously entered into OAS as 1584 of the 3334 were not housed at NSDC for 30-days or more.

According to the Warden, all remaining detainees received comprehensive PREA education within 30 days of intake.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, section H(3) (applicable to USMS and ICE detainees) addresses 115.33(b).

According to the intake staff interviewee, much of the requisite information can be gleaned from the aforementioned packet of materials as described in the narrative for 115.33(a). Such education regarding the detainee's right to be free from sexual abuse and sexual harassment, the detainee's right to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents, is generally provided in the detainee materials and NSDC Detainee Handbook. Additionally, the detainee's assigned CM follows-up with the detainee within 30-days of arrival for additional PREA guidance, in conjunction

with the 30-day 115.41(f) reassessment.

All 12 random detainee interviewees (admitted to NSDC within the last 12 months) report they received comprehensive PREA education within one to two days of arrival at NSDC. The auditor's review of files associated with six of the seven detainees who stated they were not provided comprehensive PREA contradicted their statement.

The auditor's PAQ review of four completed PREA Education Acknowledgment forms reveals that 30-day comprehensive PREA education was provided in a timely manner.

The auditor's on-site review of 10 of 16 random detainee files pertaining to detainees received at NSDC during the last 12 months reveals that provision of comprehensive education did occur within 30-days of arrival at NSDC. In one of the six remaining cases, comprehensive PREA education (30-day) was facilitated outside the 30-day threshold. In the remaining five cases, comprehensive PREA education was not yet due in view of the date of the interview in proximity to the detainee's arrival date at NSDC.

In view of the above, the auditor finds NSDC substantially compliant with 115.33(b).

115.33(c)

Pursuant to the PAQ, the Warden self reports that all detainees received within the last 12 months who remained at the facility for 30 days or more have been educated within 30 days of intake. At NSDC, an email is generated Monday - Friday regarding any Initial or 30 Day PREA Assessments that are due. Initial PREA education is provided to all detainees at the time of the initial PREA Assessment and if some are missed, the same are completed within 72 hours of arrival.

The Warden further self reports agency policy requires that detainees who are transferred from one facility to another are educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents pursuant to a PREA refresher applicable to NSDC. As reflected above, all incoming detainees are provided PREA education as attested to by documentation referenced.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section H(6) (applicable to USMS and ICE detainees) addresses 115.33(c).

The intake staff interviewee states detainees are provided with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Specifically, the CC PREVENT. DETECT. RESPOND. pamphlet (presented in English and Spanish), the NSDC Detainee Handbook, the USMS or ICE tri-fold pamphlets, and the PREA video are provided to all incoming detainees. A verbal orientation is also presented regarding reporting procedures for sexual abuse/harassment incidents, zero tolerance, and definitions of PREA issues. The PREA video is shown daily on channel 3. The auditor notes that the annual NSDC Detainee

Handbook was provided to all detainees on March 18, 2026.

Every detainee admitted to NSDC receives PREA Orientation.

If the detainee is non-English speaking, VOYCE is contacted to provide translation services. Mental health staff are utilized to translate for cognitively impaired detainees. LanguageLine may be used for supply of sign language services. Materials are read to blind detainees and a staff translator may be used to translate Spanish.

In view of the above, the auditor finds NSDC substantially compliant with 115.33(c).

115.33(d)

Pursuant to the PAQ, the Warden self reports education is available in accessible formats for all detainees, including those specific groups listed in the narrative for 115.16(a).

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, section H(2) (applicable to USMS and ICE detainees) addresses 115.33(d).

Within the PAQ information, a photograph of a TTY machine is present. This equipment is available for use by deaf detainees so they can converse with other individuals similarly situated or individuals who are not deaf. Additionally, the auditor's review of the VOYCE contract reveals that sign language is available pursuant to the same. The auditor notes that the CC PREA trifold pamphlet and NSDC Detainee Handbook are presented in both English and Spanish. The USMS and ICE pamphlets are likewise presented in English and Spanish. The auditor also notes that LanguageLine is available for video sign language.

The auditor's review of the VOYCE instructional document reveals a procedure is in place to provide interpretative services for non-English speaking and deaf detainees. Generally, solicitation of interpretational assistance through VOYCE is facilitated on staff telephones, cell phones, and/or a desktop.

The following detainees with disabilities or limited English proficiency (LEP) types stated the facility provides information about sexual abuse and sexual harassment they are able to understand (one hard of hearing detainee, one physically disabled detainee, three mental health/cognitively impaired detainees, one of two LEP detainees and one blind detainee). Educational posters were noted to be posted in areas easily accessible to and observable by the detainee population (e.g. pods, program areas, operational areas). Additionally, posters appear to be written in language understandable by the detainee population. The auditor notes that a staff interpreter translated for the two LEP interviewees.

The intake staff interviewee states detainees are provided with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Specifically, the CC PREVENT. DETECT. RESPOND. pamphlet (presented

in English and Spanish), the NSDC Detainee Handbook, the USMS or ICE tri-fold pamphlets, and the PREA video are provided to all incoming detainees. A verbal orientation regarding reporting procedures for sexual abuse/harassment incidents, zero tolerance, and definitions of PREA issues is also provided. The PREA video is shown daily on channel 3. The auditor notes that the annual NSDC Detainee Handbook was provided to all detainees on March 18, 2026.

If the detainee is non-English speaking, VOYCE is contacted to provide translation services. Mental health staff are utilized to translate for cognitively impaired detainees. LanguageLine may be used for supply of sign language services.

Materials are read to blind detainees or sign language services can be accessed pursuant to VOYCE or LanguageLine and a staff translator may be used to translate Spanish.

The auditor reviewed the contract between CC and VOYCE for provision of services to LEP detainees. Services for 200-plus languages, plus sign language, are provided pursuant to this service. VOYCE can be accessed from any staff telephone or desktop and is generally accessed by staff.

The auditor did test the VOYCE line at 9:39AM on March 19, 2026. This test was facilitated by the PCM and a DC via office phone as VOYCE can be activated by NSDC landline, staff cell phone, or desktop. The connection was successfully made by dialing the VOYCE telephone number and subsequently, providing the CC contract number/access code. The caller did make physical contact with a VOYCE employee, advising of the purpose of this test call. As the type of translation required prompt would have followed, the connection was terminated and considered to be successful.

In view of the above, the auditor finds NSDC substantially compliant with 115.33(d)

115.33(e)

Pursuant to the PAQ, the agency shall maintain documentation of detainee participation in these education sessions.

The auditor's PAQ review of three completed PAQ PREA Education Acknowledgments (three initial PREA education and three 30-day PREA Education Acknowledgments associated with the same detainees) reveals substantial compliance with 115.33(e).

The PREA Education Acknowledgment forms reflect that the NSDC Detainee Handbook, CC Zero Tolerance PREA Pamphlet (14-2AA), USMS PREA Bulletin, and the PREA video were provided to the detainee.

The auditor's on-site review of all 15 random detainee files pertaining to detainees received at NSDC during the last 12 months reveals that the NSDC Detainee Handbook and the aforementioned tri-fold pamphlets were received by arriving detainees on the date of arrival.

The auditor's on-site review of 10 of 16 random detainee files pertaining to detainees received at NSDC during the last 12 months reveals that provision of comprehensive education did occur within 30-days of arrival at NSDC. In one of the six remaining cases, comprehensive PREA education (30-day) was facilitated outside the 30-day threshold. In the remaining five cases, comprehensive PREA education was not yet due in view of the date of the interview in proximity to the detainee's arrival date at NSDC.

In view of the above, the auditor finds NSDC substantially compliant with 115.33(e).

115.33(f)

Pursuant to the PAQ, the Warden self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, detainee handbooks, or other written formats.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section H(5) (applicable to USMS and ICE) addresses 115.33(f).

Based on PAQ review of documentation submitted in OAS, the auditor was under the impression that NSDC detainees can access electronic tablets to order commissary, submit electronic emergency grievances, etc. Pursuant to follow-up, the auditor has been advised that reporting sexual abuse/harassment via this method is also available at NSDC. Entry of the reporter's pin number or detainee number is not required when reporting a sexual abuse/harassment incident via #8.

According to the PCM, outgoing mail to the Nye County Sheriff Office is not opened and, in general, outgoing mail is not opened unless suspicious circumstances are existent. If irregularities are noted with respect to the outgoing envelope, inclusive of a peculiar address/the envelope appears to be stuffed with unknown object(s)/substance(s), etc., the envelope may be opened following a clearance process.

The auditor's review of a memorandum poster reflects that reports of sexual abuse or sexual harassment to an agency that is not part of CC or USMS/ICE can be written to the following address:

Nye County Sheriff Office

1520 East Basin Ave.

Pahrump, NV 89060

As posters may be removed from critical areas by detainees, the auditor recommends that an enlarged or magnified poster be posted throughout the pods and units at a height that is unreachable by detainees. This informational poster regarding the NCSO, the VA provider (Signs of Hope), USMS reporting numbers/ICE reporting number, as well as, the internal reporting line for sexual abuse/harassment incidents,

	<p>would then be present throughout the facility.</p> <p>The auditor notes that requisite information is consistent within all educational materials and accordingly, detainees have access to accurate information.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.33(f).</p> <p>Given the lack of adverse findings with respect to any of the 115.33 provisions, the auditor finds NSDC substantially compliant with 115.33.</p>
--	--

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.34(a)</p> <p>Pursuant to the PAQ, the Warden self reports agency policy requires that facility or agency sexual abuse/harassment investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(5) (applicable to USMS and ICE) addresses 115.34(a).</p> <p>The administrative investigative staff interviewee states she has completed training specific to investigating sexual abuse in confinement settings. Specifically, she has completed the three hour web based National Institute of Corrections (NIC) training course regarding investigation of sexual abuse incidents in a confinement setting, This training was scenario-based and included a testing component. This training included the following topics:</p> <p>Techniques for interviewing sexual abuse victims;</p> <p>Proper use of Miranda and Garrity warnings;</p> <p>Sexual abuse evidence collection in confinement settings; and</p> <p>The criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>Of note, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails from the auditor, the detective did attempt to contact the auditor however, the same was unsuccessful. The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and accordingly, the criminal investigative interview is incomplete.</p>

The auditor's review of the administrative investigator's, as well as, a backup investigator's electronic PREA Specialty Training roster reveals that both investigators completed the requisite NIC web-based course on February 19, 2024 and September 14, 2020, respectively. In addition to the above, the auditor's review of the administrative investigator's electronic PREA In-Service training record reveals that she completed PREA ART on July 4, 2024 and March 3, 2025.

Of note, pursuant to the contract between CC and the USMS, an investigator from another CC facility shall conduct administrative investigations involving alleged staff-on-detainee sexual abuse. The training reflected in the preceding paragraph includes an investigator who routinely facilitates such investigations at NSDC.

The auditor notes that he has reviewed the training plan for the above training and finds the same to be commensurate with 115.34(a) and (b).

The auditor's review of two administrative investigators' NIC certificates for the online PREA: Investigation of Sexual Abuse in a Confinement Setting course reveals they completed the same on January 9, 2020 and February 19, 2024. respectively.

In view of the above, the auditor finds NSDC substantially compliant with 115.34(a).

115.34(b)

Pursuant to the PAQ, specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(5)(a) (applicable to USMS and ICE) addresses 115.34(b).

The administrative interviewee states that specialized training included:

Techniques for interviewing sexual abuse victims;

Proper use of Miranda and Garrity warnings;

Sexual abuse evidence collection in confinement settings; and

The criteria and evidence required to substantiate a case for administrative action or prosecution referral.

This is commensurate with the auditor's findings pursuant to his review of the relevant lesson plan.

Of note, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails from the auditor, the detective did attempt to contact the auditor however, the same was unsuccessful. The auditor did attempt to contact the detective again, ultimately leaving a

	<p>voicemail. At this juncture, the interview has not been facilitated and accordingly, the criminal investigative interview is incomplete.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.34(b).</p> <p>115.34(c)</p> <p>Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing investigator(s) have completed the required training. The Warden further self reports NSDC currently employs one administrative PREA investigator and she completed the requisite training.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(5)(b)(applicable to USMS and ICE) addresses 115.34(c).</p> <p>The auditor's review of the administrative investigator's electronic Investigation PREA Specialty Training roster reveals that she completed the requisite NIC web-based course on February 19, 2024.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.34(c).</p> <p>Accordingly, the auditor finds NSDC substantially compliant with 115.34.</p>
--	--

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.35(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, 35 medical and mental health care practitioners or 100 percent who work regularly at the facility, have received the requisite training.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(6)(a-d) (applicable to USMS and ICE) addresses 115.35(a).</p> <p>The auditor's cursory review of the National Institute of Corrections (NIC) PREA Medical Standards random slides reveals substantial compliance with 115.35(a). The four requisite topics are addressed.</p> <p>According to the medical interviewee, she was unsure as to whether she completed PREA specialty training. The auditor's review of an electronic PREA Specialty Training-</p>

MH and Medical training roster reveals that she did complete the requisite PREA specialty training. The MH interviewee states that she completed the aforementioned specialized training by virtue of a one to two hour on-line class that addressed the following:

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.

The auditor's review of training documents for six randomly selected CC and contract medical/mental health practitioners reveals they completed specialty PREA medical and mental health training. One additional individual no longer provides services at NSDC and his information was unretrievable. The auditor also verified that 40 additional CC and contract medical/mental health practitioners completed this training.

In view of the above, the auditor finds NSDC substantially compliant with 115.35(a)

115.35(b)

Pursuant to the PAQ, the Warden self reports forensic examinations are not facilitated by NSDC SANEs or at the facility.

Accordingly, the auditor finds 115.35(b) not-applicable to NSDC.

115.35(c)

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required training.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(7) (applicable to USMS and ICE) addresses 115.35(c).

The auditor's review of training documents for six randomly selected CC and contract medical/mental health practitioners reveals they completed specialty PREA medical and mental health training. One additional individual no longer provides services at NSDC and his information was unretrievable. The auditor also verified that 40 additional CC and contract medical/mental health practitioners completed this training.

	<p>In view of the above, the auditor finds NSDC substantially compliant with 115.35(c).</p> <p>115.35(d)</p> <p>Pursuant to the PAQ, medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(6) (applicable to USMS and ICE) addresses 115.35(d).</p> <p>The auditor's random review of 12 individual training records encompassing both staff and contractor(s) reveals substantial compliance with 115.35(d). Based on this specific sample, several CC staff and contractors completed 2025 PREA Orientation or PREA ART training.</p> <p>Given the above, the auditor finds NSDC substantially compliant with 115.35(d).</p> <p>Accordingly, in view of the absence of adverse findings, the auditor finds NSDC substantially compliant with 115.35.</p>
--	--

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.41(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring assessment (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness towards other detainees.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section G(1) (applicable to USMS and ICE) addresses 115.41(a).</p> <p>According to the staff who performs initial assessment for risk of victimization and abusiveness interviewee, she does screen detainees upon admission to NSDC or upon return from court for risk of sexual abuse victimization or sexual abusiveness (pursuant to the victimization/abusiveness assessment instrument) towards other detainees. The interviewee states that assessments are facilitated one-on-one in the Intake LT's Office behind a closed door. There is a window in the office door. She discreetly asks the questions articulated in the assessment tool and subsequently records the detainee's response(s). She does review the USMS 129 or ICE RCA prior</p>

to the detainee's arrival.

While the auditor did observe the area in which victimization/aggressor assessments are conducted, he did not observe an actual assessment. As reflected above, the auditor asked specific questions of the interviewee from which to determine protocol and effectiveness in the assessment process. He also reviewed completed initial assessments and reassessments to determine comprehensiveness.

Eight of 11 applicable (arrival dates at NSDC within the last 12 months) random detainee interviewees state they did receive an initial PREA assessment at intake. All eight interviewees state they received the initial assessment on the date of arrival. Additionally, the auditor's review of the three interviewees' files who stated they were not subjected to initial PREA assessment reveals they received the same on the day of arrival. The auditor notes that four additional interviewees arrived at NSDC outside the 12 month window and accordingly, they were not queried regarding either the initial assessment or the 30-day reassessment.

Fourteen of 15 applicable files (detainee arrival dates at NSDC within the last 12 months) reveal that subject detainees received an initial PREA assessment at intake (day of arrival or within 24 hours of arrival). During the facility tour, the auditor did randomly question two detainees as to whether they were asked these questions on the day of arrival and both responded in the affirmative.

In view of the above, the auditor finds NSDC substantially compliant with 115.41(a).

115.41(b)

Pursuant to the PAQ, the Warden self reports policy requires detainees to be screened for risk of sexual victimization or risk of abusing other detainees within 72 hours of their intake. In the last 12 months, the Warden self reports 7996 detainees entered the facility (either through intake or transfer) however, 1032 of those detainees were housed at the facility for 72-hours or more. Additionally, 3334 detainees were housed at the facility for 30-days or more. In total, 4366 of the 7996 detainees were initially screened for risk of sexual victimization or risk of sexually abusing other detainees, within 72 hours of entry into the facility.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section G(2) (applicable to USMS and ICE) addresses 115.41(b).

According to the staff who performs initial assessment for risk of victimization and abusiveness interviewee, she does screen USMS detainees upon admission to NSDC or upon return from court for risk of sexual abuse victimization or sexual abusiveness (pursuant to the victimization/abusiveness assessment instrument) towards other detainees. The interviewee states that assessments are facilitated one-on-one in the LT's Office in Intake behind a closed door. There is a window in the office door. She discreetly asks the questions articulated in the assessment tool and subsequently records the detainee's response(s). She does review the USMS 129 and the ICE RCA

prior to the detainee's arrival.

The interviewee states that she generally facilitates initial assessments within 24 hours of arrival at NSDC.

Eight of 11 applicable (arrival dates at NSDC within the last 12 months) random detainee interviewees state they did receive an initial PREA assessment at intake. All eight interviewees state they received the initial assessment on the date of arrival. Additionally, the auditor's review of the three interviewees' files who stated they were not subjected to initial PREA assessment reveals they received the same on the day of arrival. The auditor notes that four additional interviewees arrived at NSDC outside the 12 month window and accordingly, they were not queried regarding either the initial assessment or the 30-day reassessment.

Fourteen of 15 applicable files (detainee arrival dates at NSDC within the last 12 months) reveal that subject detainees received an initial PREA assessment at intake (day of arrival or within 24 hours of arrival). During the facility tour, the auditor did randomly question two detainees as to whether they were asked these questions on the day of arrival and both responded in the affirmative.

In view of the above, the auditor finds NSDC substantially compliant with 115.41(b).

115.41(c)

Pursuant to the PAQ, the Warden self reports the risk assessment is conducted using an objective assessment instrument.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section G(3) (applicable to USMS and ICE) addresses 115.41(c).

Pursuant to the auditor's onsite review of the initial assessments cited in the narratives for 115.41(a) and (b), the same do reflect the questions articulated in 115.41(d) and (e). The weighting system is clearly articulated on page 3 of the sample assessment document uploaded into OAS.

Pursuant to the same, detainees are classified as either Potential Victims (PVs)/Known Victims (KVs) or Potential Aggressors (PAs)/Known Aggressors (KAs). Of note, the weighting system is contingent upon the detainee's responses to specific question(s) and staff observations. An Unrestricted classification is assigned to those detainees who do not score as either victim or aggressor.

In view of the above, the auditor finds NSDC substantially compliant with 115.41(c).

115.41(d)

Pursuant to the PAQ, the intake screening shall consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization:

- (1) Whether the detainee has a mental, physical, or developmental disability;
- (2) The age of the detainee;
- (3) The physical build of the detainee;
- (4) Whether the detainee has previously been incarcerated;
- (5) Whether the detainee's criminal history is exclusively nonviolent;
- (6) Whether the detainee has prior convictions for sex offenses against an adult or child;
- (7) Whether the detainee is or is perceived to be gay, lesbian, bisexual (LGB) (question is asked by the screener, as well as, assessed pursuant to observation);
- (8) Whether the detainee has previously experienced sexual victimization;
- (9) The detainee's own perception of vulnerability; and
- (10) Whether the detainee is detained solely for civil immigration purposes.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 9 and 10, section G(4) (applicable to USMS and ICE) reveals that the intake assessment considers, at a minimum, the following criteria to assess detainees for risk of sexual victimization:

Whether the detainee has a mental, physical, or developmental disability;

The age of the detainee;

The physical build of the detainee;

Whether the detainee has previously been incarcerated;

Whether the detainee's criminal history is exclusively nonviolent; While not specifically addressed in policy, staff are directed to complete the Form 14-2B (victimization/aggressor screening) and the same clearly reflects the requisite verbiage. Accordingly, the intent of the standard and actual practice are met.

Whether the detainee has prior convictions for sex offenses against an adult or child;

Whether the detainee is or is perceived to be gay, lesbian, bisexual (LGB) (question is asked by the screener, as well as, assessed pursuant to observation);

Whether the detainee has previously experienced sexual victimization;

The detainee's own perception of vulnerability; and

Whether the detainee is detained solely for civil immigration purposes.

The staff member who performs initial assessment for risk of victimization and abusiveness interviewee states that assessment questions, minimally, encompass:

Sexual victimization history (both institution and community);

Sexual abuse history while incarcerated;

Convicted of a sexual crime;

LGB status;

Age;

Size; and

Gang affiliation;

According to the staff who performs initial assessment for risk of victimization and abusiveness interviewee, she does screen detainees upon admission to NSDC or upon return from court for risk of sexual abuse victimization or sexual abusiveness (victimization/abusiveness assessment) towards other detainees. The interviewee states that assessments are facilitated one-on-one in the Supervisor's Office in Intake behind a closed door. There is a window in the office door. She discreetly asks the questions articulated in the assessment tool and subsequently records the detainee's response(s). She does review the USMS 129 and ICE RCA prior to the detainee's arrival at NSDC.

The interviewee states that she generally facilitates initial assessments within 24 hours of arrival at NSDC.

In view of the above, the auditor finds NSDC substantially compliant with 115.41(d).

115.41(e)

As previously indicated, the statement of the staff responsible for risk assessment interviewee, CC policy and the auditor's review of the CC 14-2B reveals that 115.41(e) questions are addressed in the assessment instrument.

In view of the above, the auditor finds NSDC substantially compliant with 115.41(e).

115.41(f)

Pursuant to the PAQ, the Warden self reports policy requires that the facility reassess each detainee's risk of victimization or abusiveness within a set time period, not to exceed 30 days following the detainee's arrival at the facility, based upon any additional, relevant information received by the facility since the intake assessment. In the last 12 months, the Warden self reports 3334 detainees entered the facility (either through intake or transfer) whose length of stay in the facility was 30 days or more who were screened for risk of sexual victimization or risk of sexually abusing other detainees, within 30 days of entry into the facility.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(13) and (14) (applicable to USMS and ICE) addresses 115.41(f).

The staff responsible for risk assessment interviewee states within 30 days of arrival at NSDC, the detainee's respective case manager facilitates a reassessment.

Five of 11 applicable (arrival dates within the last 12 months) random detainee interviewees state they did receive a reassessment within 30 days of arrival at NSDC. Three of the remaining six interviewees state they were not reassessed while two interviewees were not yet due for reassessment at the time of the interviews. Of note, the auditor's review of two of three files associated with detainees who stated they were not reassessed within 30 days of arrival at NSDC, reveals they received reassessments in a timely manner. The auditor's review of one PAQ victimization/aggressor screening reveals that the same was conducted within 30-days of arrival at NSDC and the same was comprehensive.

The auditor's further review of all 16 applicable randomly selected detainee files (accompanying files for detainees received at NSDC during the last 14 months) reveals reassessments were completed within 30 days of arrival.

In view of the above, the auditor finds NSDC substantially compliant with 115.41(f).

115.41(g)

Pursuant to the PAQ, the Warden self reports policy requires that a detainee's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(15) and (16) (applicable to USMS and ICE) addresses 115.41(g).

The CCPC states that during the last 12 months, three substantiated sexual abuse cases were concluded and reassessments were not completed in any of these cases prior to their departure from NSDC. Accordingly, the auditor finds NSDC non-compliant with 115.41(g) and he imposes a 180-day corrective action period wherein the CCPC and/or NSDC PCM will demonstrate compliance with 115.41(g). The corrective action due date is September 1, 2026.

To demonstrate compliance with 115.41(g), the CCPC and/or NSDC PCM will provide training to all stakeholders regarding 115.41(g) requirements. Specifically, following all substantiated investigations of sexual abuse (both detainee-on-detainee and staff-on-detainee), both victims and perpetrators (with the exception of staff) will be reassessed.

Following completion of the training, the CCPC and/or NSDC PCM will upload the lesson plan and a Training Activity Enrollment/Attendance Roster bearing the name of the training, name of the trainer, printed names/signatures of all participants, and

date of training into OAS. The auditor will subsequently review the same to determine compliance based on training.

Additionally, the CCPC or NSDC PCM will maintain a roster of substantiated sexual abuse investigations, inclusive of whether reassessments were facilitated. The CCPC or NSDC PCM will upload relevant substantiated investigations and reassessments commencing from the date of this interim report and concluding on September 1, 2026. Subsequent to review of the relevant investigation(s) and reassessment(s), the auditor will make a final finding regarding compliance.

The staff who performs assessment for risk of victimization and abusiveness interviewee states that the case manager assigned to the detainee requiring reassessment as the result of a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness, would facilitate the reassessment. The investigator or classification coordinator may alert the case manager as to the need for such reassessment.

In view of the above, the auditor finds NSDC non-compliant with 115.41(g).

April 22, 2026 Update:

The auditor's review of a Training Activity Enrollment/ Attendance Roster dated March 19, 2026 reveals that six CMs, one UM, the investigator, and the AW completed corrective action training on the same date. The lesson plan is substantive and clearly addresses the requisite subject-matter. Accordingly, the auditor finds NSDC substantially compliant with the training component of 115.41(g).

May 11, 2026 Update:

The auditor notes that zero substantiated sexual abuse investigations have been adjudicated since the last day of the onsite visit. Given the expeditious provision of the aforementioned training to stakeholders and the lack of applicable investigations, the auditor finds NSDC substantially compliant with 115.41(g). Based on the totality of staff devotion to correct sexual abuse/harassment procedural implementation in accordance with both policy and standard provision, the auditor finds NSDC staff have demonstrated compliance with and institutionalization of 115.41(g).

Accordingly, compliance with 115.41(g) has now been established.

115.41(h)

Pursuant to the PAQ, the Warden self reports the policy prohibits disciplining detainees for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the detainee has a mental, physical, or developmental disability;

Whether or not the detainee is or is perceived to be gay, lesbian, bisexual, or gender non-conforming;

Whether or not the detainee has previously experienced sexual victimization; and

The detainee's own perception of vulnerability.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section G(7) (applicable to USMS and ICE) addresses 115.41(h).

The staff who performs assessment for risk of sexual victimization and sexual abusiveness interviewee states detainees are not disciplined for any of the reasons articulated in the preceding two paragraphs. The auditor found no evidence of deviation from either policy or provision.

The CCPC states that zero detainees have been disciplined for refusing to answer or failing to disclose information regarding the above four questions.

In view of the above, the auditor finds NSDC substantially compliant with 115.41(h).

115.41(i)

Pursuant to the PAQ, the agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the detainee's detriment by staff or other detainees.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(12)(a-c) (applicable to USMS and ICE) addresses 115.41(i).

According to the CCPC, NSDC PCM, and the staff who performs assessment for risk of sexual victimization and abusiveness interviewees, the agency has outlined who should have access to a detainee's risk assessment within the facility in order to protect sensitive information from exploitation. According to the NSDC PCM, such information consumption is generally limited to the Warden, PCM, AW, CMs, DCs, unit managers (UMs), classification coordinator, intake staff, ADOs, shift commanders, COUM, and COS. The CCPC asserts that access is generally a local decision based on "need to know". Electronic access is granted by privileges.

The auditor notes that victimization/aggressor assessments are maintained in electronic files that can be accessed only by those staff who have been granted system privileges. The PCM validated the same as reflected in the preceding paragraph.

In view of the above, the auditor finds NSDC substantially compliant with 115.41(i).

	<p>In view of the evidence reflected throughout this standard narrative, the auditor finds NSDC substantially compliant with 115.41.</p>
--	--

115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.42(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13 section I(1) (applicable to USMS and ICE) addresses 115.42(a).</p> <p>The PCM states that the CC system assigns PV, KV, PA, and KA status to each initial and reassessment screening. PVs and KVs can be housed together, as well as PAs and KAs can be housed together. All of the above classifications can be housed with those detainees classified as Unrestricted. Victims and aggressors are not housed in the same cell and are generally geographically separated in open dorm settings.</p> <p>The classification coordinator employs quality control with respect to housing, taking into account the above considerations. Pursuant to the auditor's observations during the facility tour, program and work assignments are supervised by staff.</p> <p>The staff responsible for risk screening interviewee states that she completes the victimization/aggressor assessment and the Offender Management System (OMS) auto-populates the findings of the screening. Hence, KV/PVs, KA/PAs, and Unrestricted classifications are identified. The CM approves housing assignments and Vs and As are not housed together. If none of these designations are made with respect to the detainee, either Vs or As can be housed with Unrestricted classifications.</p> <p>Throughout the onsite visit, the auditor noted no discrepancies with respect to sexually safe housing assignments. Furthermore, evidence substantiating the same was not provided to the auditor.</p> <p>Accordingly, the auditor finds NSDC substantially compliant with 115.42(a).</p> <p>115.42(b)</p>

Pursuant to the PAQ, the Warden self reports the facility makes individualized determinations about how to ensure the safety of each detainee.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(5) (applicable to USMS and ICE) addresses 115.42(b).

The staff responsible for risk screening interviewee states that she completes the victimization/aggressor assessment and the Offender Management System (OMS) auto-populates the findings of the screening. Hence, KV/PVs, KA/PAs, and Unrestricted classifications are identified. The CM approves housing assignments and Vs and As are not housed together. If none of these designations are made with respect to the detainee, either Vs or As can be housed with Unrestricted classifications.

Housing notes and flags are reviewed during the housing assignment process to address any sexual safety concerns.

Throughout the onsite visit, the auditor noted no discrepancies with respect to sexually safe housing assignments. Furthermore, evidence substantiating the same was not provided to the auditor.

In view of the above, the auditor finds NSDC substantially compliant with 115.42(b).

115.42(c)

The auditor notes that on December 2, 2025, a memorandum was issued from the Principal Deputy Director Bureau of Justice Assistance regarding a January 20, 2025 Executive Order(EO) issued by the President of the United States. That EO, entitled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", creates certain changes associated with PREA standards.

Portion(s) of the following PREA standards are in conflict with the requirements in EO 14168 and accordingly, auditors are instructed to pause from making compliance determinations for the following PREA standard subsections:

115.15(e);

115.31(a)(9);

115.41(d)(7);

115.42(c) through (g); and

115.86(d)(2).

In view of the above, standard provision 115.42(c) is not considered in the auditor's analysis.

115.42(d)

The auditor notes that on December 2, 2025, a memorandum was issued from the Principal Deputy Director Bureau of Justice Assistance regarding a January 20, 2025 Executive Order(EO) issued by the President of the United States. That EO, entitled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", creates certain changes associated with PREA standards.

Portion(s) of the following PREA standards are in conflict with the requirements in EO 14168 and accordingly, auditors are instructed to pause from making compliance determinations for the following PREA standard subsections:

115.15(e);

115.31(a)(9);

115.41(d)(7);

115.42(c) through (g); and

115.86(d)(2).

In view of the above, standard provision 115.42(d) is not considered in the auditor's analysis.

115.42(e)

The auditor notes that on December 2, 2025, a memorandum was issued from the Principal Deputy Director Bureau of Justice Assistance regarding a January 20, 2025 Executive Order(EO) issued by the President of the United States. That EO, entitled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", creates certain changes associated with PREA standards.

Portion(s) of the following PREA standards are in conflict with the requirements in EO 14168 and accordingly, auditors are instructed to pause from making compliance determinations for the following PREA standard subsections:

115.15(e);

115.31(a)(9);

115.41(d)(7);

115.42(c) through (g); and

115.86(d)(2).

In view of the above, standard provision 115.42(e) is not considered in the auditor's analysis.

115.42(f)

The auditor notes that on December 2, 2025, a memorandum was issued from the Principal Deputy Director Bureau of Justice Assistance regarding a January 20, 2025 Executive Order(EO) issued by the President of the United States. That EO, entitled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", creates certain changes associated with PREA standards.

Portion(s) of the following PREA standards are in conflict with the requirements in EO 14168 and accordingly, auditors are instructed to pause from making compliance determinations for the following PREA standard subsections:

115.15(e);

115.31(a)(9);

115.41(d)(7);

115.42(c) through (g); and

115.86(d)(2).

In view of the above, standard provision 115.42(f) is not considered in the auditor's analysis.

115.42(g)

The auditor notes that on December 2, 2025, a memorandum was issued from the Principal Deputy Director Bureau of Justice Assistance regarding a January 20, 2025 Executive Order(EO) issued by the President of the United States. That EO, entitled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", creates certain changes associated with PREA standards.

Portion(s) of the following PREA standards are in conflict with the requirements in EO 14168 and accordingly, auditors are instructed to pause from making compliance determinations for the following PREA standard subsections:

115.15(e);

115.31(a)(9);

115.41(d)(7);

115.42(c) through (g); and

115.86(d)(2).

In view of the above, standard provision 115.42(g) is not considered in the auditor's

	<p>analysis.</p> <p>In view of the absence of adverse findings with respect to the above provisions, the auditor finds NSDC substantially compliant with 115.42.</p>
--	--

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.43(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of detainees 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. The Warden further self reports zero detainees at risk of sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of a sexual safety assessment.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section 9(a) (applicable to USMS and ICE), addresses 115.43(a).</p> <p>The Warden asserts agency policy prohibits placing detainees at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. The Warden further asserts detainees can be placed in such status temporarily for up to 24 hours while alternative placement(s) are researched. If a detainee requests protective custody, he/she may be placed in segregated housing, subject to Restricted Housing Unit (RHU) policies and procedures.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.43(a).</p> <p>115.43(b)</p> <p>Pursuant to the PAQ, detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:</p>

The opportunities that have been limited;

The duration of the limitation; and

The reasons for such limitations.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section 9(b) (applicable to USMS and ICE), addresses 115.43(b).

According to the CCPC, zero detainees have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.

The staff who supervises detainees in segregated housing interviewee states that detainees would not be placed in RHU pursuant to 115.43(a) provisions. If detainees are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:

Programs- Self assessment tools. Zero formal educational programs are available at NSDC however, limited educational programs are available on the tablet(s).;

Privileges- Recreation. A step-down program is implemented in the NSDC segregation unit wherein a leisure room is available. Tablets are available to the population. Movies are available on the tablets, as well as, law library materials;

Education- Zero formal educational programs are available at NSDC however, limited educational programs are available on the tablet(s).; and

Work opportunities- Two porters clean the unit and assist as needed. Staff recommend detainees for porter positions and CMs approve. ADOs make the final decision.

If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented in the Watch Log or Confinement Activity Record (CAR) pertaining to the affected detainee. The opportunities that have been limited, the duration of the limitation(s), and the reason(s) for such limitations are documented in the Watch Log and CAR.

In view of the above, the auditor finds NSDC substantially compliant with 115.43(b).

115.43(c)

Pursuant to the PAQ, the Warden self reports in the last 12 months, zero detainees at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section 9(d) (applicable to USMS and ICE), addresses 115.43(c).

The Warden asserts detainees at high risk for sexual victimization or who have alleged sexual abuse may be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. If the same were to occur, the longest placement under such circumstances would be limited to the time necessary to evaluate a safe situation, generally no longer than seven days. Attempted placement is targeted within 24 hours.

The staff member who supervises detainees in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody. He states that he believes that maximum placement under such circumstances is less than 24 hours.

As previously mentioned, zero detainees have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.

In view of the above, the auditor finds NSDC substantially compliant with 115.43(c).

115.43(d)

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document:

The basis for the facility's concern for the detainee's safety; and

The reason why no alternative means of separation can be arranged. Pursuant to the auditor's review of PAQ materials, he finds this information would be documented in the CAR.

As previously indicated in the narrative for 115.43(a), the Warden self reports zero detainees at risk for sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section 9(e) (applicable to USMS and ICE), addresses 115.43(d).

Pursuant to random review of 12 sexual abuse/harassment investigations, the auditor has not discovered any 115.43 violations and accordingly, requisite 115.43(d) documentation is not available.

The auditor finds that the 115.43(d) process is in place should the need arise.

In view of the above, the auditor finds NSDC substantially compliant with 115.43(d).

115.43(e)

	<p>Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such detainee a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section 9(f) (applicable to USMS and ICE), addresses 115.43(e).</p> <p>The staff member who supervises detainees in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible.</p> <p>As previously mentioned, zero detainees have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.43(e).</p> <p>Accordingly, the auditor finds NSDC substantially compliant with 115.43.</p>
--	---

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.51(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has established procedures allowing for multiple internal ways for detainees to report privately to agency officials about:</p> <p>Sexual abuse or sexual harassment;</p> <p>Retaliation by other detainees or staff for reporting sexual abuse and sexual harassment of detainees; and</p> <p>Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 18, section K(1)(a) (applicable to USMS and ICE) addresses 115.51(b).</p> <p>Reporting options, as articulated in the NSDC Detainee Handbook and researched during pre-audit review of materials uploaded into OAS, include the following:</p> <p>Internal Sexual Assault Hotline: Speed Dial (8);</p>

Verbal report to any staff member;

Submit a report to meet with medical staff or mental health staff or report to Medical during sick call;

Forward a letter, sealed and marked "confidential" to the Warden or other employee;

Submit a report to a third party who can subsequently report the information to facility staff;

Contact the PCM;

Electronically report the incident utilizing the tablet; and

Submit a letter or call the U.S. Marshal, Field Office Director or the Office of the Inspector General at Speed Dial 422. or 1-800-869-4499.

The auditor's review of documentation submitted in OAS reveals that NSDC detainees can access electronic tablets to order commissary, submit electronic emergency grievances, etc. Accordingly, sexual abuse/harassment reports may be reported via electronic tablet.

According to the PCM, outgoing mail is not opened unless suspicious circumstances are existent. If irregularities are noted with respect to the outgoing envelope, inclusive of a peculiar address/the envelope appears to be stuffed with unknown object(s)/substance(s), etc. the envelope may be opened following a clearance process. Outgoing envelopes addressed to the following address will not be opened absent extenuating circumstances as described above:

Nye County Sheriff Office

1520 East Basin Ave.

Pahrump, NV 89060

This address pertains to a non-CC/non-customer recipient of sexual abuse/harassment reports pursuant to 115.51(b).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section K(1)(a and b)(i-vii) (applicable to USMS and ICE) addresses 115.51(a).

The auditor's review of a memorandum poster reflects that reports of sexual abuse or sexual harassment to an agency that is not part of CC or the USMS can be written to the following address:

Nye County Sheriff Office

1520 East Basin Ave.

Pahrump, NV 89060

All 12 random staff interviewees were able to cite at least one method for detainees

to report sexual abuse/harassment, retaliation, and staff neglect or violation of responsibilities at NSDC. Specifically, detainees can report via:

Verbal report(s) to staff;

Submission of a written report;

Submission of a grievance:

Reporting via the NSDC PREA Hotline; and

Report on the tablet.

Thirteen of 15 random detainee interviewees were able to cite at least one method of reporting sexual abuse/harassment at NSDC, while one interviewee stated he would not report and one other interviewee could not cite any reporting options. Methods of reporting cited are as follows:

Hotline;

Verbal report to staff;

Third party;

Written;

Submit a grievance;

Tablet; and

Writing to Nye County Sheriff Office.

In view of the above, the auditor finds NSDC substantially compliant with 115.51(a).

115.51(b)

Pursuant to the PAQ, the Warden self reports the agency provides at least one way for detainees to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The Warden further self reports the agency has a policy requiring detainees detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 18, section K(1)(c) (applicable to USMS and ICE) addresses 115.51(b).

Thirteen of 15 random detainee interviewees were able to cite at least one method of reporting sexual abuse/harassment at NSDC, while one interviewee stated he would not report and one other interviewee could not cite any reporting options. Methods of reporting cited are as follows:

Hotline;

Verbal report to staff;

Third party;

Written;

Submit a grievance;

Tablet; and

Writing to Nye County Sheriff Office.

Ten of 15 random detainee interviewees assert they are allowed to make a report without giving their name.

According to the NSDC PCM, detainees can submit a written report to Nye County Sheriff Office (NCSO) to report a sexual abuse/harassment incident pursuant to 115.51(b). The envelope is not opened, searched, and read absent extenuating circumstances as described above. Locked mailboxes are located in each of the pod areas. Mail Room staff pick up the mail Monday through Friday and process the same. NCSO officials subsequently report any allegation(s) to the NSDC Warden.

The auditor's review of the NSDC Detainee Handbook and an informational poster (PREA telephone numbers and addresses) reflects that reports of sexual abuse or sexual harassment to an agency that is not part of CC or the USMS or ICE can be written to the following address:

Nye County Sheriff Office

1520 East Basin Ave.

Pahrump, NV 89060

In view of the above, the auditor finds NSDC substantially compliant with 115.51(b).

115.51(c)

Pursuant to the PAQ, the Warden self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The Warden further self reports staff are required to document verbal reports of sexual abuse/harassment received from detainees promptly subsequent to receipt of the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section K(2)(b) (applicable to USMS and ICE) addresses 115.51(c).

All 12 random staff interviewees state that when a detainee alleges sexual abuse or sexual harassment, he/she can do so verbally, in writing, anonymously, and from

third parties. Similarly, 11 of 12 random staff interviewees state they immediately document verbal reports of sexual abuse and sexual harassment.

Thirteen of 15 random detainee interviewees state they can make reports of sexual abuse or sexual harassment both in person or in writing. Eight of 15 random detainee interviewees state that someone else can make a report for them without mentioning their name.

The auditor notes that he did inform detainees who did not know specific information, regarding anonymous reporting.

In view of the above, the auditor finds NSDC substantially compliant with 115.51(c).

115.51(d)

Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of detainees. Staff are informed of these procedures by virtue of Ethics Line poster(s) and inservice training.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section K(2)(h) (applicable to USMS and ICE) addresses 115.51(d).

All 12 random staff interviewees state staff can privately report sexual abuse and sexual harassment by any of the following methods:

- Submission of a written report to the Warden/PCM/ADO/supervisory staff;
- Closed door verbal report(s) to the same staff;
- Telephone call to supervisor;
- Call Ethics Hotline;
- Call NSDC Hotline; and
- Written report to supervisor.

In view of the above, the auditor finds NSDC substantially compliant with 115.51(d).

In view of the lack of adverse findings regarding any of the 115.51 provisions, the auditor finds NSDC substantially compliant with 115.51.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>115.52(a-g)</p> <p>Pursuant to the PAQ, the Warden self reports the agency does have an administrative procedure for dealing with detainee grievances regarding sexual abuse. However, as reflected in the following policy citation, there is both a policy and a practice in terms of processing sexual abuse reports.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section K(1)(e)(i and ii) (applicable to USMS and ICE) addresses 115.52. All sexual abuse/harassment issues submitted as a grievance are immediately forwarded to the facility investigator or ado (ADO) for investigation pursuant to this policy.</p> <p>Pursuant to the PAQ, zero detainee grievances regarding sexual abuse were filed during the last 12 months.</p> <p>The auditor finds NSDC substantially compliant with both policy and procedure.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with the intent of 115.52.</p>
--	---

115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.53(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility provides detainees with access to outside victim advocates for emotional support services related to sexual abuse by:</p> <ul style="list-style-type: none"> Giving detainees mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for local, state, or national advocacy or rape crisis organizations; Giving detainees mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and Enabling reasonable communication between detainees and these organizations in as confidential manner as possible. <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8. section F(3) (applicable to USMS and ICE) addresses 115.53(a). Confidential</p>

emotional support services (VA services) are provided through a hotline pursuant to 115.53(a).

The auditor's review of the NSDC Detainee Handbook and poster reveals that Signs of Hope is a recognized emotional support service pursuant to 115.53(a). The contact telephone number for Signs of Hope, as well as, address is clearly reflected in the NSDC Detainee Handbook, as well as, the poster hung in all pods.

The auditor notes that within the NSDC Detainee Handbook, the Signs of Hope call is free of charge, and not recorded.

On March 17, 2026, the auditor tested the telephone number reflected within the aforementioned poster and NSDC Detainee Handbook to test the Signs of Hope line. The test call was made from the detainee telephone in Pod F1. The auditor notes that he did discuss the process relative to a call to this line, with a VA. This test was considered successful as the auditor conversed with a VA.

The responding VA stated that she provides verbal information regarding coping skills, agencies who may provide further assistance, etc. to any callers who access this crisis line.

One of the three detainees who reported a sexual abuse incident at NSDC (two sexual abuse reports and one involving a pat search by a perceptually gay staff member) states the facility does provide information (addresses and telephone numbers) regarding community provider(s) who provide victim advocacy services to assist victims with sexual abuse trauma. He stated that the information is available on a poster posted in the pod. The other two interviewees state that the facility does not provide information (addresses and telephone numbers) regarding community provider(s) who provide victim advocacy services to assist victims with sexual abuse trauma. Of note, none of these interviewees could identify the name(s) of such services. All three interviewees state they do not know whether the subject-matter of such contacts is confidential or whether there are any exceptions to the confidentiality rule.

Eleven of the 15 random detainee interviewees state there are services available outside of the facility for dealing with sexual abuse, if needed. None of these interviewees could name any of the outside service(s) available to provide emotional support services. Three interviewees cited Sunrise Health Center, Evergreen or Red Rock, and Signs of Hope as agencies who can provided 115.53 services.

Six of the 15 random detainee interviewees state the facility does provide mailing addresses and telephone numbers for such outside services pursuant to the NSDC Detainee Handbook, poster(s), tablet(s), and asking staff while seven interviewees state such information is not provided by facility staff. Twelve of the 15 random detainee interviewees state that telephone numbers are free to call while two interviewees state they do not know whether such calls would be free of charge.

When questioned as to when they could talk to staff from the outside service(s), all 15 interviewees state such contact can be made during regular telephone hours and

with staff assistance.

In view of the above, the auditor finds NSDC substantially compliant with 115.53(a).

115.53(b)

Pursuant to the PAQ, the Warden self reports the facility informs detainees, prior to giving them access to outside support services, of the extent to which such communications will be monitored. According to the NSDC Detainee Handbook, language reflects that telephone calls to Signs of Hope are not monitored or recorded.

The Warden further self reports the facility informs detainees, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section F(4 and 5a) (applicable to USMS and ICE) addresses 115.53(b).

The auditor's review of the CC tri-fold brochure entitled Prevent. Detect. Respond., section entitled Confidentiality, addresses 115.53(b). Each detainee receives a copy of the same at intake. The auditor notes that all detainees have the opportunity to be aware of 115.53(b) entitlements and requirements, as reflected above.

All 15 random detainee interviewees state that what they say to staff from these services remains private and seven of 15 interviewees state that there are no exceptions to this privacy expectation while five interviewees state they do not know. Two interviewees state there would be exceptions to the privacy expectation when reports of self-injurious behavior are discussed with staff from the outside services.

Two of the three interviewees who reported sexual abuse/harassment at NSDC stated that they did not know if the subject-matter of such contacts with outside support services VAs is confidential.

Given the evidence provided to NSDC detainees during intake, it is clear that they have the capability to be educated regarding 115.53(b) requirements.

In view of the above, the auditor finds NSDC substantially compliant with 115.53(b).

115.53(c)

Pursuant to the PAQ, the Warden self reports the facility maintains a Memorandum of Understanding (MOU) or other agreement with community service providers that are able to provide detainees with emotional support services related to sexual abuse.

The Warden further self reports the facility maintains a copy of the agreement.

The auditor's review of an MOU between CC and Signs of Hope reveals the same does

	<p>address provision of emotional support services related to post sexual abuse incidents. Accordingly, the auditor finds NSDC substantially compliant with 115.53(c).</p> <p>In view of the absence of adverse findings as noted above, the auditor finds NSDC substantially compliant with 115.53.</p>
--	--

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.54(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency or facility provides a method to receive third-party reports of detainee sexual abuse or sexual harassment allegations. The Warden further self reports the same can be accomplished through submission of a letter to the facility or Facility Support Center (FSC), Ethics Line advertised on the CC and NSDC public website, Ethics Line poster hung in the facility entrance, and telephone calls to staff/Warden/FSC.</p> <p>Pursuant to the auditor's review of the CC website, any detainee or third-party reporter of sexual abuse/sexual harassment may report anonymously to the Warden (via letter or telephone). The facility address and telephone number are clearly documented on the website. Reports can also be reported on-line or via telephone to the CC Ethics Division.</p> <p>The Warden further self reports the agency or facility distributes information to detainees regarding methods to report detainee sexual abuse or sexual harassment.</p> <p>CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section 2(h) and (i) (applicable to USMS and ICE) addresses 115.54(a). This policy stipulates CC employees, contractors, volunteers, and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CC 24-hour Ethics Line at 1-800-461-9330 or through www.CoreCivic.ethicspoint.com.</p> <p>On May 13, 2026 at 7:51AM (Mountain Standard Time), the auditor did test third-party reporting by accessing the CC Ethics and Compliance email line. This email address is listed on the facility website as a third-party reporting option. The auditor received an explanatory email response from the CC Director of Ethics and Compliance as to receipt of his test email and the notification procedures that would follow in the event of an actual report. This email response was received at 10:24AM (Central Standard Time).</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.54(a).</p>

Accordingly, the auditor finds NSDC substantially compliant with 115.54.

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.61(a)

Pursuant to the PAQ, the Warden self reports the agency requires all staff to report immediately and according to agency policy:

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;

Any retaliation against detainees or staff who reported such an incident;

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section K(2)(a) (applicable to USMS and ICE) addresses 115.61(a).

The auditor's review of 12 random alleged sexual abuse/harassment investigations that occurred during the last 12 months reveals substantial compliance with 115.61(a). Investigations commenced in close proximity following report of the alleged sexual abuse or sexual harassment incident. Additionally, there is no evidence of staff failure to report:

Any knowledge, suspicion, or information they received regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;

Any retaliation against detainees or staff who reported such an incident;

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All 12 random staff interviewees assert agency policy requires:

All staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in any facility;

Retaliation against detainees or staff who reported such an incident; and

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All 12 interviewees state these issues must be reported immediately to their supervisor, SGT, LT, captain, AW, highest ranking supervisor at the facility, or the PCM. All 12 interviewees were aware that such reports include supervisors and executive staff.

All 12 random staff interviewees state staff can privately report sexual abuse and sexual harassment by any of the following methods:

Submission of a written report to the Warden/PCM/ADO/supervisory staff;

Closed door verbal report(s) to the same staff;

Telephone call to supervisor;

Call Ethics Hotline;

Email; and

Call internal Hotline.

In view of the above, the auditor finds NSDC substantially compliant with 115.61(a).

115.61(b)

Pursuant to the PAQ, the Warden self reports that apart from reporting to designated supervisors or officials and designated local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section K(2)(e) (applicable to USMS and ICE) addresses 115.61(b).

All 12 random staff interviewees assert agency policy requires:

All staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in any facility;

Retaliation against detainees or staff who reported such an incident; and

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All 12 interviewees state these issues must be reported immediately to their supervisor, SGT, LT, captain, AW, highest ranking supervisor at the facility, or the PCM. All 12 interviewees were aware that such reports include supervisors and executive staff.

In view of the above, the auditor finds NSDC substantially compliant with 115.61(b).

115.61(c)

Pursuant to the PAQ, unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform detainees of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section K(2)(f) (applicable to USMS and ICE) addresses 115.61(c).

According to the medical (MED) and mental health (MH) interviewees, disclosure of confidentiality limitations and duty to report is provided to detainees prior to initiation of services. The MED interviewee states that ICE detainees sign an informed consent at intake. She subsequently verbalizes limitations during each encounter. She does not document this notification. The MH interviewee also states that informed consent is also addressed with detainee(s) during intake and the same is subsequently documented in the notes. The MH interviewee states that the same is provided every time she provides services and the same is documented in the notes. The auditor does recommend that confidentiality limitations be documented following each encounter.

Reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the same, is policy driven. The MED and MH interviewees immediately report such incidents to the clinical nursing supervisor (CNS), ADO, health services administrator (HSA), and/or AW on the date of the report. The MED interviewee states she has not become aware of sexual abuse allegation(s) during the last 12 months at NSDC while the MH interviewee states she became aware of such an incident on March 19, 2026.

In view of the above, the auditor finds NSDC substantially compliant with 115.61(c).

115.61(d)

Pursuant to the PAQ, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

The Warden asserts zero detainees under the age of 18 are housed at NSDC. Facility staff would contact DHHS regarding any vulnerable adult(s).

According to the CCPC, state law dictates reporting requirements and as such, in

	<p>most states, notification to law enforcement and the partner agency triggers notification to other affected agencies.</p> <p>Absent any evidence to the contrary, the auditor finds NSDC substantially compliant with 115.61(d).</p> <p>115.61(e)</p> <p>Pursuant to the PAQ, the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p>The Warden asserts that the shift commander alerts him and/or the ADO and the Warden or ADO alerts the investigator.</p> <p>The auditor's review of the aforementioned 12 investigations reveals that the investigator is immediately included in the loop whenever sexual abuse/harassment allegations are reported.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.61(e).</p> <p>Accordingly, the auditor finds NSDC substantially compliant with 115.61.</p>
--	---

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62(a)</p> <p>Pursuant to the PAQ, the Warden self reports when the agency or facility learns a detainee is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the detainee (e.g.. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports in the last 12 months, zero instances occurred wherein the facility determined a detainee was at substantial risk of imminent sexual abuse.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section K(2)(c) (applicable to USMS and ICE) addresses 115.62(a).</p> <p>The Agency Head interviewee asserts immediate removal of the potential victim from the area and separation from the potential perpetrator is the initial response to a report of substantial risk of imminent sexual abuse. An investigation is also immediately initiated to determine any other actions necessary to address the</p>

	<p>situation.</p> <p>The Warden asserts the potential victim is removed from the danger zone and moved to a safe location until alternative housing can be arranged. The potential victim may be placed in another housing area within the facility or we could work with the respective customer jurisdiction to relocate the potential victim if circumstances dictated the same. If movement of the potential perpetrator is warranted, coordination with the customer, based on the contract, would be an option.</p> <p>Eleven of 12 random staff interviewees state the potential victim would be immediately removed from the danger zone when it is learned he/she is in imminent danger of sexual abuse.</p> <p>The auditor's review of a 2023 5-1 investigative packet validates the above. The auditor notes this packet is uploaded into OAS.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.62.</p>
--	--

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.63(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation a detainee was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Warden further self reports in the last 12 months, one allegation of sexual abuse was received at NSDC where a detainee was sexually abused while confined at another facility.</p> <p>Upon further inquiry, the auditor has been advised that the alleged incident occurred at a court house, as opposed to, a confinement facility and accordingly, the incident does not fall under the purview of PREA.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section 20(a)(i) (applicable to USMS and ICE) addresses 115.63(a).</p> <p>The auditor's review of 17 random detainee files (detainees received at NSDC within the last 36 months) reveals that zero detainees reported prior institutional sexual victimization during their respective victimization/aggressor assessments.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.63(a).</p>

115.63(b)

Pursuant to the PAQ, the Warden self reports agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section 20(a)(i) (applicable to USMS and ICE) addresses 115.63(b).

As mentioned in the narrative for 115.63(a), zero detainees reported prior sexual victimization in a confinement facility during the last 12 months.

In view of the above, the auditor finds NSDC substantially compliant with 115.63(b).

115.63(c)

Pursuant to the PAQ, the Warden self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section 20(a)(iii) (applicable to USMS and ICE) addresses 115.63(c).

As mentioned in the narrative for 115.63(a), zero detainees reported prior sexual victimization in a confinement facility.

In view of the above, the auditor finds NSDC substantially compliant with 115.63(c).

115.63(d)

Pursuant to the PAQ, the Warden self reports NSDC requires that allegations received from other facilities/agencies regarding sexual abuse incidents which originated at NSDC are investigated in accordance with PREA standards. The Warden further self reports in the last 12 months, zero allegations of sexual abuse were received from another facility regarding an incident alleged to have originated at NSDC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section 20(b)(i-iii) (applicable to USMS and ICE) addresses 115.63(d).

The Agency Head interviewee asserts that if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Warden or designee is generally the administrator who receives the call or notification letter. Any other staff who might receive such a report are well aware that the information must then be forwarded to the Warden or PCM for appropriate action. The report is then added into the incident reporting system (IRD) and PREA protocols are initiated. If the report is received at the central office (FSC), it will be immediately referred to the Warden and PCM at the facility for investigation.

	<p>The Warden subsequently refers the matter to the investigator for a full investigation. Protocols for first responders and SART are initiated.</p> <p>The Warden asserts a full investigation is initiated by the facility investigator in such scenarios. The Warden further asserts that, as far as he is aware, zero such reports were received at NSDC since he has assumed duties at NSDC.</p> <p>Accordingly, the auditor finds NSDC substantially compliant with 115.63(d).</p> <p>In view of the absence of adverse findings with respect to the above provisions, the auditor finds NSDC substantially compliant with 115.63.</p>
--	---

115.64 Staff first responder duties	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.64(a)</p> <p>Pursuant to the PAQ, the Warden self reports that the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report:</p> <p>Separates the alleged victim and abuser;</p> <p>Preserves and protects any crime scene until appropriate steps can be taken to collect any physical evidence;</p> <p>If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report requests 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; and</p> <p>If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report will 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.</p> <p>The Warden further self reports that in the last 12 months, nine allegations of detainee sexual abuse have been reported wherein the fact pattern warranted employment of some of the first responder steps. In nine of these cases, the first security staff member to respond to the report separated the alleged victim and</p>

abuser. In zero cases, staff were notified within a time period that still allowed for the collection of physical evidence.

Of note, the Sexual Abuse Check Sheet captures various events and elements associated with the sexual abuse resolution protocol, inclusive of the completion of 115.64(a) action steps. Completion dates and times are noted on the form.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 20 and 21, sections M(2)(a-d), (3), (5) and (6) (applicable to USMS and ICE) address 115.64(a).

Both the security and non-security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Eleven of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted that 14 interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a).

Eight of the 12 interviewees state the facility investigator facilitates administrative sexual abuse investigations and 10 of 12 interviewees state that NCSO investigator(s) facilitate criminal sexual abuse investigations at NSDC.

With respect to the three detainees who stated they were subject to sexual abuse at NSDC, two stated that staff intervention occurred from rapidly, to the following day. In both cases, intervention amounted to removing staff from the pod and an interview. The third case involved a perceptually gay staff member facilitating strip searches. Based on the fact patterns, the auditor finds no concerns in terms of timeliness in intervention. Accordingly, the auditor finds that staff were responsive to allegations of sexual abuse.

The auditor's random review of one case associated with an interviewee reveals that all staff involved in the detainee's allegation were placed on no "USMS detainee" contact. The incident evolved from a "use of force" incident and accordingly, the alleged victim was returned to the RHU. Clearly, this matter was addressed pursuant to standard provision and policy.

In view of the above, the auditor finds NSDC substantially compliant with 115.64(a).

115.64(b)

Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a security staff member, the first responder shall be required to:

Request the alleged victim not take any actions that could destroy physical evidence;
and

	<p>Notify security staff.</p> <p>The Warden further self reports that, of the allegations made that a detainee was sexually abused within the last 12 months, non-security staff members were the first responders on zero occasions.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 20 and 21, section M(3) (applicable to USMS and ICE) addresses 115.64(b).</p> <p>Of note, all NSDC staff receive the same 1st responder training and accordingly, all staff are trained as security staff 1st responders.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.64(b).</p> <p>Accordingly, the auditor finds NSDC substantially compliant with 115.64.</p>
--	--

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.65(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, sections L through S (applicable to USMS and ICE) addresses 115.65(a).</p> <p>The auditor's review of the NSDC PREA Coordinated Response Plan, as scripted in the above policy and unique to NSDC, reveals a detailed and understandable document available to all staff. Additionally, the auditor's review of the accompanying Sexual Abuse Incident Check Sheet reveals a chronological aid the designated stakeholder completes to memorialize events and actions that were taken in response to the allegation(s)/incident(s).</p> <p>The Warden asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Warden further asserts the above policy captures specific coordinated response procedures unique to NSDC.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.65.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.66(a)</p> <p>Pursuant to the PAQ, 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 detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Warden self reports the agency has entered into an agreement with bargaining unit officials. Accordingly, there is a collective bargaining agreement in effect at NSDC.</p> <p>The Agency Head interviewee asserts that CC, as an agency, has entered into and/or renewed collective bargaining agreements (CBA) since August 20, 2012. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any detainee pending an investigation or disciplinary action. Affected staff can be placed on administrative leave or in a non-contact post.</p> <p>The auditor's review of the CBA between CoreCivic of Tennessee, LLC for its NSDC and The International Union, Security, Police, and Fire Professionals of America (SPFPA) reveals there is no prohibition that limits the agency's ability to remove alleged staff sexual abusers from contact with any detainees pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. Accordingly, the auditor finds NSDC substantially compliant with 115.66(a).</p> <p>As the auditor finds no deviation from standard, he finds NSDC substantially compliant with 115.66.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.67(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy to protect all detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees</p>

or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The classification coordinator (CCORD) monitors detainee victims or potential victims of sexual abuse/retaliation while the COUM/PCM monitors staff victims or potential victims of sexual abuse.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section 19(b) and (iii) (applicable to USMS and ICE) addresses 115.67(a).

In view of the above, the auditor finds NSDC substantially compliant with 115.67(a).

115.67(b)

Pursuant to the PAQ, the agency shall employ multiple protection measures, such as housing changes or transfers for detainee victims or abusers, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section 19(b)(iii) (applicable to USMS and ICE) addresses 115.67(b).

According to the Agency Head interviewee, for both detainees and staff who have reported allegations of sexual abuse, monitoring is provided for a 30/60/90 day period (longer, if needed) to protect against retaliation by detainees or staff. These reviews are documented on a policy attachment.

The review takes into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with detainees and shift changes, evaluations, etc. for staff. These reviews also occur for victims of sexual abuse. Policies and practices prohibit retaliation for any reason and the expectation is included in staff training. Any violations are acted upon accordingly.

The retaliation monitoring interviewee states that she receives notification of an incident of sexual abuse from the investigator pursuant to the completed 5-1 packet. She immediately reaches out to the victim, providing an overview of retaliation monitoring. She also ensures that the victim and perpetrator are separated and recommends increased mental health oversight and monitoring. Ensuring that the victim is properly housed is essential. Additionally, ensuring that a reassessment is completed is an essential step.

She offers increased mental health services to detainee sexual abuse victims and those detainees who may be subject to retaliation from detainees and staff for reporting sexual abuse of a detainee or cooperated in an investigation of sexual abuse. She closely monitors detainee actions to determine the likelihood of retaliation.

The retaliation monitor interviewee states that she ensures the perpetrator, if known, is housed in the Restricted Housing Unit (RHU).

As soon as she is notified of sexual abuse victimization or any retaliation needs associated with a report of detainee sexual abuse, she reaches out to the victim(s) of the same within 24-48 hours of notification. This meeting serves as the initial retaliation monitoring contact. The victim is subsequently monitored on a 30-60-90 day schedule thereafter, with periodic status checks, as warranted. If appropriate, the COUM, who monitors retaliation against staff, may recommend that staff are offered emotional support via the Employee Assistance Program (EAP), if appropriate.

With respect to staff, the COUM assigned staff retaliation monitoring duties may request shift/assignment changes, as well as, recommending transfer to another CC facility as acceptable strategies to circumvent retaliation. The auditor notes that the Warden concurs with the above strategies and he did not wish to add any additional information.

Retaliation monitoring meetings are facilitated for at least 90 days. The interviewee was aware of documentation requirements on the 14-2D form.

As previously mentioned in the narrative for 115.43, during the onsite visit, zero detainees were housed in RHU as the result of risk of sexual victimization or being the subject of sexual victimization. All three detainee interviewees who reported a sexual abuse incident at NSDC state they do feel safe and free from retaliation following their report of a sexual abuse incident.

The auditor's review of 12 random sexual abuse/harassment investigations reveals that retaliation monitoring was initiated in appropriate cases. Accordingly, the auditor finds substantial 115.67(b) compliance in each matter.

In view of the above, the auditor finds NSDC substantially compliant with 115.67(b).

115.67(c)

Pursuant to the PAQ, the Warden self reports the facility monitors the conduct and treatment of detainees or staff who reported sexual abuse and of detainees who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by detainees or staff. The Warden further self reports the facility monitors the conduct or treatment for 90 days or more, if necessary. As reflected above, the facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Reportedly, there were zero times an incident of retaliation occurred during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, sections 19(b)(ii) and (iii) (applicable to USMS and ICE) addresses 115.67(c).

As previously mentioned in the narrative for 115.43, zero detainees were housed in RHU as the result of risk of sexual victimization or being the subject of sexual victimization, during the onsite visit. All three detainee interviewees who reported a sexual abuse incident at NSDC state they do feel safe and free from retaliation

following their report of a sexual harassment incident.

The auditor's review of random sexual abuse investigations facilitated during the last 12-14 months reveals the following:

Nine of the 12 applicable sexual abuse/harassment allegations were determined to be sexual abuse.

Eight of the nine investigations were resolved as "unfounded" and in three of these matters, 90 days of retaliation monitoring documentation were completed.

In one unfounded case, one retaliation monitoring meeting occurred and the detainee was released from NSDC on the same date. In two unfounded cases, the victims were released from NSDC prior to completion of the investigation. In two unfounded cases, the investigation was either completed on the date of the first or second meeting and in view of the fact that the same was unfounded, no further retaliation monitoring was warranted. Finally, one of the sexual abuse investigations was determined to be substantiated and 90 days of retaliation monitoring was completed.

The auditor notes that all nine of these random investigations were very thorough, encompassing all investigative tools at the investigator's disposal. Some of the allegations were procedural search disagreements disguised as sexual abuse allegations.

The retaliation monitoring interviewee states that in regard to detainee victims of retaliation, changes in behavior, changes in staff and detainee associations, more guarded conversations with staff, hygiene decompensation, continual programming changes, avoidance and isolation, and an increase in disciplinary reports are some key indicators of retaliation. The Warden essentially corroborates the statement of the retaliation monitor interviewee with respect to the above.

The interviewee also asserts retaliation monitoring is facilitated for a minimum of 90 days with check-ins. Retaliation monitoring may continue until the detainee departs the facility, if necessary.

In view of the above, the auditor finds NSDC substantially compliant with 115.67(c).

115.67(d)

Pursuant to the PAQ, in the case of detainees, such monitoring shall also include periodic status checks.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section 19(b)(iii) (applicable to USMS and ICE) addresses 115.67(d).

As previously mentioned in the narrative for 115.43, zero detainees were housed in RHU as the result of risk of sexual victimization or being the subject of sexual victimization, during the onsite visit. All three detainee interviewees who reported a sexual abuse incident at NSDC state they do feel safe and free from retaliation

following their report of a sexual harassment incident.

The auditor's review of the investigation relative to one of these interviewees reveals the investigation was determined to be unfounded based on tangible video reviews, etc. Accordingly, the auditor finds substantial 115.67 compliance in this matter.

In view of the above, the auditor finds NSDC substantially compliant with 115.67(d).

115.67(e)

Pursuant to the PAQ, if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section 19(b)(xiii) (applicable to USMS and ICE) addresses 115.67(e).

When a staff or detainee who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he or she receives the same benefits and treatment as articulated in the narratives for 115.67(b), (c), and (d) above. A separate investigation regarding the alleged retaliation is initiated and completed to determine the root cause of the retaliation and corrective strategies. The retaliation policy, as well as, the Code of Ethics, outlines expectations and consequences for retaliation (whether related to PREA concerns or not).

The Warden essentially reiterates the statement of the retaliation monitoring interviewee, stating that she (retaliation monitoring interviewee) receives notification of an incident of sexual abuse from the investigator. She (retaliation monitoring interviewee) immediately checks the system to ensure the victim and perpetrator are not housed together. She may move the victim to another pod or unit and she works with the PCM to move the perpetrator to another facility, if necessary. Movement history and disciplinary records are checked to guard against the perception of retaliation by staff.

Furthermore, the retaliation monitor interviewee offers increased mental health services to detainee sexual abuse victims and those detainees who may be subject to retaliation from detainees and staff for reporting sexual abuse of a detainee or cooperated in an investigation of sexual abuse. She closely monitors staff and detainee actions to determine the likelihood of retaliation.

The Warden finally states that the retaliation monitor interviewee ensures the perpetrator, if known, is housed in the Restricted Housing Unit (RHU).

As soon as she is notified of sexual abuse victimization or any retaliation needs associated with a report of detainee sexual abuse, she reaches out to the victim(s) of the same. If appropriate, the COUM/PCM who monitors retaliation against staff may recommend that staff are offered emotional support via the Employee Assistance Program (EAP), if appropriate.

	<p>The retaliation monitoring interviewee states that in regard to detainee victims of retaliation, changes in behavior, changes in staff and detainee associations, more guarded conversations with staff, hygiene decompensation, continual programming changes, avoidance and isolation, and an increase in disciplinary reports are some key indicators of retaliation. The Warden essentially corroborates the statement of the retaliation monitor interviewee with respect to the above.</p> <p>The auditor has found no evidence reflecting that another staff member or detainee, who was involved in a sexual abuse or harassment investigation, has requested or been placed under retaliation monitoring within the last 12 months.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.67(e).</p> <p>Given the absence of adverse findings as noted in the preceding provision narratives, the auditor finds NSDC substantially compliant with 115.67.</p>
--	--

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.68(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of detainees who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden further self reports zero detainees alleged to have suffered sexual abuse, were held in involuntary segregated housing during the last 12 months for one to 24 hours awaiting completion of assessment. If an involuntarily segregated housing assignment is made, the facility affords each such detainee a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>The auditor notes that one January, 2025 unsubstantiated detainee-on-detainee investigation is uploaded into OAS and the same reflects that the two participants in the incident were involved in a fight and they were subsequently placed in RHU as the result of the fight. One of the combatants later stated the incident occurred as the result of a sexual comment made by the other combatant. Following a thorough</p>

investigation, the allegation was determined to be unsubstantiated.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section 9(g) (applicable to USMS and ICE) addresses 115.68(a).

The Warden asserts agency policy prohibits placing detainees at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. The Warden further asserts detainees can be placed in such status temporarily for up to 24 hours while alternative placement(s) are researched. If a detainee requests protective custody, he/she may be placed in segregated housing, subject to Restricted Housing Unit (RHU) policies and procedures.

The Warden asserts detainees at high risk for sexual victimization or who have alleged sexual abuse may be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. If the same were to occur, the longest placement under such circumstances would be limited to the time necessary to evaluate a safe situation, generally no longer than seven days. Attempted placement is targeted within 24 hours.

The staff who supervises detainees in segregated housing interviewee states that detainees would not be placed in RHU pursuant to 115.43(a) provisions. If detainees are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:

Programs- Self assessment tools. Zero formal educational programs are available at NSDC however, limited educational programs are available on the tablet(s).;

Privileges- Recreation. A step-down program is implemented in the NSDC segregation unit wherein a leisure room is available. Tablets are available to the population. Movies are available on the tablets, as well as, law library materials;

Education- Zero formal educational programs are available at NSDC however, limited educational programs are available on the tablet(s).; and

Work opportunities- Two porters clean the unit and assist as needed. Staff recommend detainees for porter positions and CMs approve. ADOs make the decision.

If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented on the Watch Log or Confinement Activity Record (CAR) pertaining to the affected detainee. The opportunities that have been limited, the duration of the limitation(s), and the reason(s) for such limitations are documented on the Watch Log and CAR.

The staff member who supervises detainees in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody. He states that he believes that maximum placement under such circumstances is less

	<p>than 24 hours.</p> <p>Zero detainees have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.</p> <p>Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such detainee a review every 30 days to determine whether there is a continuing need for separation from the general population. During his interview, the Warden asserts that every seven days, the affected detainee is reviewed regarding feasibility for return to the general population. The staff member who supervises detainees in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible.</p> <p>During the onsite visit and facility tour, zero detainees were housed in involuntary segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse).</p> <p>In view of the above, the auditor finds that the 115.68(a) process is in place should the need arise and accordingly, NSDC is substantially compliant with 115.68.</p>
--	---

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.71(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency sexual abuse investigations. Specifically, criminal investigations are facilitated by Nye County Sheriff Office (NCSO) investigators. Administrative Investigations are conducted by specialty trained facility investigator(s).</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section N(4) (applicable to USMS and ICE) addresses 115.71(a). CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section O(4) (applicable to USMS and ICE) also addresses 115.71(a).</p> <p>The administrative investigative staff interviewee asserts if she is on site and NCSO investigator(s) have authorized commencement of the administrative investigation, the same commences immediately. If a report of sexual abuse is received during non-regular business hours, she reports to the facility. In the event of a sexual harassment case, the shift commander assumes initial investigative and notification</p>

duties and the interviewee provides guidance regarding first responder duties/ investigative steps. The administrative investigative interviewee would pick up the investigation during the following workday. However, she may report to the facility contingent upon the circumstances and direction of the Warden.

Of note, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails from the auditor, the detective did attempt to contact the auditor however, the same was unsuccessful.

The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and accordingly, the criminal investigative interview is incomplete.

The administrative investigative interviewee and the criminal investigative interviewee state there are no differences in investigative protocols between an anonymously reported or third-party report of sexual abuse vs. a regular report of sexual abuse. Every allegation is treated as a serious allegation.

The auditor's review of 12 sexual abuse/harassment investigations reveals substantial compliance with 115.71. Of note, all of the 12 random investigations reviewed by the auditor were extremely thorough, encompassing the numerous facets of investigative protocol. Investigations were easily read, included credibility assessments pursuant to the content articulated in the appropriate provision narratives, and established clear timelines.

It is noted that pursuant to USMS contract, an investigator from another CC facility, facilitates staff-on-detainee investigations. Such investigations are likewise thorough, encompassing all or most investigative tools, and clear/concise in terms of content.

In view of the above, the auditor finds NSDC substantially compliant with 115.71(a).

115.71(b)

Pursuant to the PAQ, where sexual abuse is alleged, the agency shall use investigators who have received specialized training in sexual abuse investigations pursuant to § 115.34.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section N(5) (applicable to USMS and ICE) addresses 115.71(b) with respect to the conduct of administrative investigations.

The administrative investigative staff interviewee states she has completed specialty training specific to investigating sexual abuse in confinement settings. Specifically, she has completed the three to five hour web based National Institute of Corrections (NIC) training course regarding investigation of sexual abuse allegations in a confinement setting. This training was scenario-based and included a testing component. These trainings included the following topics:

Techniques for interviewing sexual abuse victims;

Implementation of Miranda and Garrity rights;

Sexual abuse evidence collection in confinement settings; and

The criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

The auditor's review of the administrative investigator's Investigation PREA Specialty Training roster reveals that she completed the requisite NIC web-based course on February 19, 2024. In addition to the above, the auditor's review of the administrative investigator's electronic training record reveals that she completed PREA ART on July 4, 2024 and March 3, 2025.

According to the administrative investigative interviewee, the USMS contract requires that investigator(s) from another CC facility investigate staff-on-detainee allegations. Accordingly, different qualified investigator(s) from other facilities are utilized based on availability, etc.

The auditor's review of certificates and CORECIVIC PREA TRAINING ACKNOWLEDGMENTS SPECIALIZED TRAINING (dated January 29, 2021), a Certificate of Completion for the MOSS Specialized PREA Investigator Training dated December 10, 2020 and Training Activity Enrollment/Attendance Rosters dated September 22, 2020 and October 14, 2020 (regarding specialized sexual abuse/harassment training conducted at Otay Mesa Detention Facility) validates that one additional NSDC employee is properly trained to facilitate sexual abuse/harassment investigations at NSDC.

Of note, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails from the auditor, the detective did attempt to contact the auditor however, the same was unsuccessful.

The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and accordingly, the criminal investigative interview is incomplete.

In view of the above, the auditor finds NSDC substantially compliant with 115.71(b).

115.71(c)

Pursuant to the PAQ, investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section N(7)(a-f) (applicable to USMS and ICE) addresses 115.71(c) in terms of gathering and preservation of evidence.

The administrative investigative staff interviewee states that her investigative protocol includes the following:

Review initial reports (one hour);

Initial review of Milestone (20 minutes to one hour);

Threshold interview with the victim to identify preliminary facts, staff and detainee witnesses, and evidence (20 minutes to one hour);

Review telephone monitoring data;

Check crime scene and assess whether first responder duties were completed (10 minutes);

Ensure Medical/MH follow-up for victim(s) (30 minutes);

Review Anatomical Form regarding any injuries (30 minutes);

Interview witnesses (15 minutes per witness);

Review video, telephone monitoring, tablet and files (up to several hours);

Conduct re-interviews (20 minutes/reinterview);

Interview perpetrator (0 to one hour); and

Write report (two to three hours).

The administrative investigative interviewee states she is responsible for review and processing of video/telephone monitoring/tablet evidence, victimization/aggressor screenings, historical sexual abuse information, victim/witness statements, investigative notes, and bedding collection.

Of note, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails from the auditor, the detective did attempt to contact the auditor however, the same was unsuccessful.

The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and accordingly, the criminal investigative interview is incomplete.

In view of the above, the auditor finds NSDC substantially compliant with 115.71(c).

115.71(d)

Pursuant to the PAQ, when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

According to the administrative and criminal investigative staff interviewees, NCSO investigators handle all prosecution liaison and compelled interviews.

Of note, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails from the auditor, the detective did attempt to contact the auditor however, the same was unsuccessful.

The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and accordingly, the criminal investigative interview is incomplete.

In view of the above, the auditor finds NSDC substantially compliant with 115.71(d).

115.71(e)

Pursuant to the PAQ, 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 detainee or staff. No agency shall require a detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The administrative investigative interviewee states she assess credibility of an alleged victim, suspect, or witness by the consistency in their narrative vs. the evidence as it unfolds. Is there more evidence validating their statement(s) than not? Are there factors which make the victim more believable than not? Witnesses, victim, and perpetrator(s) are considered believable until evidence dictates otherwise. Initially, all victim, witness, and perpetrator statements are considered credible.

Of note, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails from the auditor, the detective did attempt to contact the auditor however, the same was unsuccessful.

The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and accordingly, the criminal investigative interview is incomplete.

The administrative investigative staff interviewee further states she would not require a detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.

None of the three detainees who reported a sexual abuse at NSDC interviewees state they were required to submit to a polygraph examination or truth-telling device(s) as a condition for proceeding with an investigation.

In view of the above, the auditor finds NSDC substantially compliant with 115.71(e).

115.71(f)

Pursuant to the PAQ, administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section N(7) (applicable to USMS and ICE) addresses 115.71(f).

The administrative investigative staff interviewee states she checks the fact pattern, timeline, and evidence against the Code of Conduct, post orders, and policy to determine if any Code of Ethics issues are existent. In regard to report preparation, the administrative investigative staff interviewee states she does document administrative investigations in written reports. The following topics are included in the report:

Allegations;

Synopsis of allegation(s), time line, chronological investigative steps;

List of interviewees;

Interview synopsis and findings;

Documentation reviews:

Video, telephone monitoring, and tablet reviews;

Victim and perpetrator, witness information and backgrounds; and

Summary.

The auditor notes he has been advised that locked file cabinets are located in the administrative investigative staff interviewee's locked office wherein all hard copy investigations are housed. Electronic copies are retained on a server wherein only those staff with privileges can access documents. The auditor's observations validated the same and, as a result, he finds no concerns.

The auditor's review of the aforementioned 12 administrative investigations validates compliance with 115.71(f). Accordingly, the auditor finds NSDC substantially compliant with 115.71(f).

115.71(g)

Pursuant to the PAQ, criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

According to the administrative investigative interviewee, criminal investigations are

documented however, as she does not generally receive a copy of the same, she is unaware of the format or contents.

Of note, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails from the auditor, the detective did attempt to contact the auditor however, the same was unsuccessful.

The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and accordingly, the criminal investigative interview is incomplete.

In view of the above, the auditor finds NSDC substantially compliant with 115.71(g).

115.71(h)

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal shall be referred for prosecution by NCSO investigators. The Warden further self reports three allegations of conduct that appeared to be criminal were referred for criminal investigation during the last 12 months.

The administrative investigative interviewee states she does not refer cases for prosecution as the same falls under the purview of NCSO investigator(s). She does confer with NCSO investigator(s) regarding all sexual abuse cases and whether the same will be criminally investigated.

Of note, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails from the auditor, the detective did attempt to contact the auditor however, the same was unsuccessful.

The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and accordingly, the criminal investigative interview is incomplete.

In view of the above, the auditor finds NSDC substantially compliant with 115.71(h).

115.71(i)

Pursuant to the PAQ, the Warden self reports the agency retains all written reports pertaining to the administrative or criminal investigation (if the criminal investigation is provided to NSDC staff) of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 27 and 28, section N(10) (applicable to USMS and ICE) addresses 115.71(i) with respect to retention of investigatory records.

Throughout the on-site visit, the auditor found no evidence of deviation from 115.71(i). Storage and retention of sexual abuse/harassment investigations is addressed throughout the aforementioned narratives.

In view of the above, the auditor finds NSDC substantially compliant with 115.71(i).

115.71(j)

Pursuant to the PAQ, the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section N(8) (applicable to USMS and ICE) addresses 115.71(j).

The administrative investigative interviewee states that when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct, the investigation continues. This is also the case when a detainee victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior completion of the investigation into the incident. The auditor has not discovered any evidence contrary to the meaning and intent of 115.71(j).

Of note, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails from the auditor, the detective did attempt to contact the auditor however, the same was unsuccessful. The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and accordingly, the criminal investigative interview is incomplete.

In view of the above, the auditor finds NSDC substantially compliant with 115.71(j).

115.71(l)

Pursuant to the PAQ, when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section O(5) (applicable to USMS and ICE) addresses 115.71(l).

The Warden asserts that the administrative investigator remain(s) in routine contact with NCSO investigator(s) to obtain case updates. Such communication is accomplished by email and/or telephone calls with telephone calls reduced to writing in emails. The NSDC PCM states that the investigator maintains contact with NCSO investigator(s).

The CCPC relates that, on a global basis, facility officials develop relationships with partner officials and/or local law enforcement to remain abreast of the progress of an investigation facilitated by the outside agency. However, generally, designated facility staff follow-up with the outside agency on a schedule determined at the local

	<p>level.</p> <p>The administrative investigative staff interviewee states NCSO investigator(s) facilitate(s) criminal investigation(s) and she provides support as a liaison/facilitator and assists with investigative organization, interviews, information collection, etc.</p> <p>Of note, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails from the auditor, the detective did attempt to contact the auditor however, the same was unsuccessful. The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and accordingly, the criminal investigative interview is incomplete.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.71(I).</p> <p>Accordingly, based on the absence of adverse findings related to the above provisions, the auditor finds NSDC substantially compliant with 115.71.</p>
--	--

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.72(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section N(9) (applicable to USMS and ICE) addresses 115.72.</p> <p>The administrative investigative staff interviewee states the standard of proof in an administrative matter is "preponderance". Preponderance can be described as more evidence is present that the incident occurred than not. Metaphorically, the evidentiary scale is tipped just over the middle.</p> <p>Of note, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails from the auditor, the detective did attempt to contact the auditor however, the same was unsuccessful. The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and accordingly, the criminal investigative interview is incomplete.</p> <p>The auditor's on-site review of 12 random sexual abuse/harassment investigations</p>

	<p>reveals substantial compliance with 115.72(a).</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.72.</p>
--	--

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.73(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any detainee who makes an allegation he/she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Warden further self reports nine criminal and/or administrative investigations of alleged sexual abuse were completed by the facility during the last 12 months and seven alleged detainee victims were notified in writing upon completion of the sexual abuse investigation regarding 115.73(a) findings.</p> <p>The auditor's onsite review of nine sexual abuse investigations completed during the last 18 months reveals that the standard for a sexual abuse allegation was met in each case and in two cases, the victim was released from the facility prior to completion of the administrative or criminal investigation. Pursuant to the auditor's review of seven additional random sexual abuse investigations, the auditor finds that seven 115.73(a) notifications were provided to seven victims.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section R(1) (applicable to USMS and ICE) addresses 115.73(a).</p> <p>The Warden asserts the facility investigator notifies a detainee who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. A written Notification Form is completed and issued to the affected detainee.</p> <p>The administrative investigative staff interviewee states that agency procedures require that a detainee who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. She further states that she makes such written notification(s).</p> <p>Two detainees who reported a sexual abuse incident at NSDC interviewees state they received written notification regarding the status of their sexual abuse reports and a third interviewee states that he did not receive the requisite notification.</p>

In view of the above, the auditor finds that NSDC is substantially compliant with 115.73(a).

115.73(b)

Pursuant to the PAQ, the Warden self reports that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the detainee of the outcome of the investigation. The Warden further self reports one alleged detainee sexual abuse investigation was completed during the last 12 months by an outside agency and that detainee did not receive written notification.

According to the SAIR, this matter is pending prosecution however, the investigator did provide 115.73(a) notification regarding her administrative findings. Since the matter has not been resolved within the criminal context, knowledge of indictment and/or conviction is not available.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section R(1) (applicable to USMS and ICE) addresses 115.73(b).

In view of the above, the auditor finds NSDC substantially compliant with 115.73(b).

115.73(c)

Pursuant to the PAQ, following a detainee's allegation that a staff member has committed sexual abuse against the detainee, the facility subsequently informs the detainee (unless the agency has determined that the allegation is unfounded) whenever:

The staff member is no longer posted within the detainee'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 within the facility; or

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The auditor's review of six reports of sexual abuse allegedly perpetrated by a staff member against a detainee at NSDC during the last 12 months were determined to be unfounded. Accordingly, 115.73(c) notification is not required.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section R(2) (applicable to USMS and ICE) addresses 115.73(c).

In view of the above, the auditor finds NSDC substantially compliant with 115.73(c).

115.73(d)

Pursuant to the PAQ, the Warden self reports following a detainee's allegation that he or she has been sexually abused by another detainee at NSDC, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section R(3) addresses 115.73(d).

With respect to the one detainee-on-detainee sexual abuse allegation randomly reviewed by the auditor, the same was determined to be substantiated. The auditor notes that the facility investigator clearly exhausted investigative tools to compile her findings, inclusive of Milestone video surveillance review, interviews with identified victim(s)/perpetrator(s)/ and witness(es), review of logs, statements, etc.

According to the SAIR, this matter is pending prosecution however, the investigator did provide 115.73(a) notification regarding her administrative findings. Since the matter has not been resolved within the criminal context, knowledge of indictment and/or conviction is not available.

In view of the above, the auditor finds NSDC substantially compliant with 115.73(d).

115.73(e)

Pursuant to the PAQ, the Warden self reports that all notifications to detainees described in this standard are documented. The Warden further self reports that 18 documented notices were provided to victims of sexual abuse as described in 115.73(a-d). As previously referenced in the narrative for 115.73(a), the auditor finds that all nine written notifications were completed with respect to his random review of sexual abuse investigations.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section R(4) (applicable to USMS and ICE) addresses 115.73(e).

In view of the above, the auditor finds NSDC substantially compliant with 115.73(e).

Given the absence of adverse findings associated with 115.73 provisions, the auditor finds NSDC substantially compliant with 115.73.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.76(a)</p> <p>Pursuant to the PAQ, the Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section 2(a) (applicable to USMS and ICE) addresses 115.76(a).</p> <p>The auditor's review of five PAQ 2025 CC Code of Ethics Acknowledgment forms (2023, 2024, and 2025) and three CC Code of Ethics Acknowledgment forms for USMS facilities (2023, 2024, and 2025), signed and dated by staff members, reveals substantial compliance with 115.76(a). This document addresses understanding of the policies and subject-matter presented regarding sexual abuse/harassment, reporting options, and subject-matter presented. The document is signed and dated by the employee.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.76(a).</p> <p>115.76(b)</p> <p>Pursuant to the PAQ, termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Warden self reports zero facility staff members violated agency sexual abuse or sexual harassment policies during the last 12 months. The same is corroborated by the PCM.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section 2(b) (applicable to USMS and ICE) addresses 115.76(b).</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.76(b).</p> <p>115.76(c)</p> <p>Pursuant to the PAQ, the Warden self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Reportedly, during the last 12 months, zero facility staff were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).</p>

	<p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section 2(c) (applicable to USMS and ICE) addresses 115.76(c).</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.76(c).</p> <p>115.76(d)</p> <p>Pursuant to the PAQ, the Warden self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the last 12 months, zero staff from the facility were reported to criminal investigators or licensing agencies following the administrative investigation.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section 2(d) (applicable to USMS and ICE) addresses 115.76(d).</p> <p>Based on the above, the auditor finds NSDC substantially compliant with 115.76(d).</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.76.</p>
--	--

115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.77(a)</p> <p>Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse with a detainee is prohibited from contact with detainees and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of detainees.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section 2(e) (applicable to USMS and ICE) addresses 115.77(a).</p> <p>As previously stated, the Warden asserts zero incidents involving contractor or volunteer perpetuation of sexual abuse/harassment incidents occurred at NSDC during the last 12 months. The same is validated pursuant to the auditor's review of the 12 random sexual abuse/harassment investigations facilitated during the last 18 months.</p>

	<p>In view of the above, the auditor finds NSDC substantially compliant with 115.77(a).</p> <p>115.77(b)</p> <p>Pursuant to the PAQ, the Warden self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with detainees in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section 2(f) (applicable to USMS and ICE) addresses 115.77(b).</p> <p>The Warden asserts a contractor or volunteer's access privileges would be suspended pending investigation in the case of any alleged violation of agency sexual abuse or sexual harassment policies. The contractor/volunteer would have no access to the facility and consequently, detainees. If the investigation is substantiated, privileges would be rescinded on a permanent basis.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.77(b).</p> <p>Accordingly, the auditor finds NSDC substantially compliant with 115.77.</p>
--	---

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.78(a)</p> <p>Pursuant to the PAQ, the Warden self reports detainees are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the detainee engaged in detainee-on-detainee sexual abuse. The Warden further self reports detainees are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for detainee-on-detainee sexual abuse.</p> <p>Pursuant to the auditor's review, during the last 12 months, there was three administrative findings of detainee-on-detainee sexual abuse that occurred at the facility. Disciplinary action was imposed in the one substantiated incident.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section S(1)(a) (applicable to USMS and ICE) addresses 115.78(a).</p> <p>According to PAQ documentation, there has been zero incidents of disciplinary</p>

sanctions imposed on detainees during the last 12 months for:

Administratively substantiated detainee-on-detainee sexual abuse; or

A criminal finding of guilt for detainee-on-detainee sexual abuse, nor for detainee-on-staff sexual contact/abuse.

The auditor's review of a misconduct report dated July 15, 2025 for the administrative offense of Major Sexual Misconduct and subsequent administrative hearing facilitated on July 22, 2025 reveals substantial compliance with 115.78(a). Allowable sanction(s) were imposed by the discipline hearing officer (DHO) following requisite due process.

In view of the above, the auditor finds NSDC substantially compliant with 115.78(a).

115.78(b)

Pursuant to the PAQ, sanctions shall be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section S(1)(c) (applicable to USMS and ICE) addresses 115.78(b). CC Policy 15-1 entitled Offense and Penalty Code, page 3 (applicable to USMS and ICE) addresses 115.78(b).

The Warden asserts varying degrees of sanctions are available pursuant to the CC disciplinary process. Staff write the misconduct report, a designated sergeant investigates the report, and a trained DHO conducts the administrative hearing.

Recommended disallowance of good conduct time in applicable cases, placement in the Restricted Housing Unit (RHU) for up to 30 days, or return to the customer's custody are allowable sanctions available to the disciplinary team following the full panoply of due process rights. Additionally, elevation of minor sanctions is another alternative.

The Warden further asserts sanctions are proportionate to the nature and circumstances of the abuses committed, the detainee's disciplinary history, and the sanction(s) imposed for similar offenses by other detainees with similar histories.

In view of the above, the auditor finds NSDC substantially compliant with 115.78(b).

115.78(c)

Pursuant to the PAQ, the disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Additionally, assessment of mental disability or mental illness is built into the policy.

Specifically, the DHO can refer the detainee to mental health staff whenever potential competency questions arise.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section S(1)(d) (applicable to USMS and ICE) addresses 115.78(c). CC Policy 15-2 entitled Disciplinary Procedures (Adult), page 9, section H(9) (applicable to USMS and ICE) also addresses 115.78(c).

The auditor's review of a misconduct report dated July 15, 2025 for the administrative offense of Major Sexual Misconduct and subsequent administrative hearing facilitated on July 22, 2025 reveals substantial compliance with 115.78(a). Allowable sanction(s) were imposed by the discipline hearing officer (DHO) following requisite due process.

There is no evidence indicating that 115.78(c) is relevant to the administrative disciplinary recipient in this matter.

Given the fact the auditor finds no disparity between policy requirements, actual practice, and the standard, he finds NSDC substantially compliant with 115.78(c).

115.78(d)

Pursuant to the PAQ, the Warden self reports the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports that the facility does consider whether to require the offending detainee to participate in such interventions.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section (S)(1)(i) (applicable to USMS and ICE) addresses 115.78(d).

According to the mental health interviewee, therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse are offered to both victims and perpetrators via individual counseling and printed resources. Even if offered, detainee access to programming or other benefits would not be contingent upon participation in such services as the same would be voluntary.

In view of the above, the auditor finds NSDC substantially compliant with 115.78(d).

115.78(e)

Pursuant to the PAQ, the Warden self reports the agency disciplines a detainee for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section (S)(1)(e) (applicable to USMS and ICE) addresses 115.78(e).

	<p>During the last 12 months, zero detainees were disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.78(e).</p> <p>115.78(f)</p> <p>Pursuant to the PAQ, the Warden self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section (S)(1)(g) (applicable to USMS and ICE) addresses 115.78(f).</p> <p>During the last 12 months, one disciplinary action occurred for a report of sexual abuse made in bad faith. The auditor notes that the same was expunged based on procedural errors.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.78(f).</p> <p>115.78(g)</p> <p>Pursuant to the PAQ, the Warden self reports the agency prohibits all sexual activity between detainees. The Warden further self reports the agency disciplines detainees for such activity only if it is determined the sexual abuse activity is coerced.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section (S)(1)(f) (applicable to USMS and ICE) addresses 115.78(g).</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.78(g).</p> <p>Absent any adverse findings with respect to the provisions reflected above, the auditor finds NSDC substantially compliant with 115.78.</p>
--	--

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.81(a/c)

Pursuant to the PAQ, the Warden self reports all detainees at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. In the last 12 months, 100 percent of detainees who disclosed prior victimization during screening were offered a follow-up meeting with a medical and/or mental health practitioner. Reportedly, medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 10 and 11, section 11 (applicable to USMS and ICE) addresses 115.81(b).

The auditor's review of 16 of 17 applicable random 14-2B victimization/aggressor assessments (detainees received at NSDC during the last 12 months) reveals that the affected detainees experienced neither community or institutional sexual abuse. In the last case, the detainee declined, in writing, the 14-day follow-up mental health meeting. The declination was noted on the NSDC PREA Risk Assessment Mental Health Follow-up form.

The staff member who performs initial screening for risk of sexual victimization and abusiveness interviewee states she offers a follow-up meeting with a medical and/or mental health practitioner (to occur within 14 days of initial screening on the day of arrival) whenever the screening indicates a detainee has experienced prior sexual victimization, whether in an institutional setting or in the community. She accomplishes the same by forwarding a Referral Form to MH staff.

The two detainee interviewees who disclosed either/or institutional or community sexual victimization at risk screening interviewees state they reported the sexual victimization at intake. One interviewee subsequently spoke to the mental health coordinator (MHC) within 14 days of arrival while the other interviewee declined the interview.

In view of the above, the auditor finds NSDC substantially compliant with 115.81(a)(c).

115.81(b)

Pursuant to the PAQ, the Warden self reports if detainees previously perpetrated sexual abuse either in a confinement or community setting, they are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. Mental health staff reportedly maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 10 (applicable to USMS and ICE) addresses 115.81(b).

As NSDC is designated as a jail facility, 115.81(b) is not applicable.

115.81(d)

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is 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. According to the PCM, investigative and classification personnel have access to institutional history (PREA victimization at other facilities, etc.).

As mentioned throughout this report, hard copies of investigative materials, inclusive of forensic medical documentation associated with the respective investigation, as well as, digital information are securely maintained by the investigator. Medical/ mental health information is likewise stored in password protected systems and hard copies of referral documentation are stored in secure files in MH staff secured offices and medical files in the Medical Department.

In view of the above, the auditor finds NSDC substantially compliant with 115.81(d).

115.81(e)

Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the detainee is under the age of 18.

The mental health and medical interviewees state that, as a matter of routine, they do ensure they advise detainees regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the detainee is under the age of 18. The verbal informed consent is documented in the notes.

In view of the above, the auditor finds NSDC substantially compliant with 115.81(e).

In view of the absence of adverse findings related to 115.78 provisions, the auditor finds NSDC substantially compliant with 115.81.

115.82	Access to emergency medical and mental health services
---------------	---

	Auditor Overall Determination: Meets Standard
--	--

Auditor Discussion

115.82(a)

Pursuant to the PAQ, the Warden self reports detainee victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Pursuant to the auditor's random review of nine sexual abuse investigations conducted during the last 12-14 months, the investigations revealed that medical and/or mental health evaluations were documented in seven cases. When victims declined either procedure, the same is well documented.

The auditor's review of one 2023 PAQ sexual abuse investigation reveals that the detainee was removed from the facility for a forensic examination. It was determined that the original victim was actually the perpetrator.

In addition to the above, the auditor's review of a second 2025 sexual abuse investigation reveals that the alleged victim was medically examined and assessed by MH while the perpetrator refused medical examination. These activities were facilitated at NSDC. As there was no reported penetration, neither the victim nor the perpetrator received a forensic examination.

The medical and mental health interviewees state victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. This occurs almost immediately following decision-making and a brief life-saving medical examination at NSDC. The nature and scope of these services are determined according to the professional judgment of the provider. Of note, the MH provider states she provides initial victim care within 24 hours of the sexual abuse report.

With respect to the three detainee interviewees who reported sexual abuse incidents at NSDC, two stated they were offered medical/mental health intervention in response to their allegation however, one interviewee stated that he declined the same. The third interviewee stated that he was not offered follow-up services, treatment plans, or any referrals, if necessary.

In view of the above, the auditor finds NSDC substantially compliant with 115.82(a).

115.82(b)

Pursuant to the PAQ, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Both the security and non-security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities relative to first response duties. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Eleven of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator does not destroy physical evidence. It is noted that 14 interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a). Of note, all 12 random staff interviewees state they would subsequently contact medical/mental health practitioners regarding the reported abuse.

Accordingly, the auditor finds no evidence validating non-compliance with 115.82(b).

In view of the above, the auditor finds NSDC substantially compliant with 115.82(b).

115.82(c)

Pursuant to the PAQ, the Warden self reports detainee victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(10) (applicable to USMS and ICE) addresses 115.82(c).

The medical staff interviewee states victims of sexual abuse are offered timely information about access to emergency transmitted infection prophylaxis. She states such information is provided at the hospital in conjunction with the forensic examination.

In view of the above, the auditor finds NSDC substantially compliant with 115.82(c).

115.82(d)

	<p>Pursuant to the PAQ, the Warden self reports treatment services shall be 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.</p> <p>CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(16) (applicable to USMS and ICE) addresses 115.82(d).</p> <p>The auditor has not found evidence suggesting that any charges were assessed to victims of sexual abuse at NSDC during the last 12-14 months.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.82(d).</p> <p>In view of the lack of adverse findings with respect to the provisions addressed above, the auditor finds NSDC substantially compliant with 115.82.</p>
--	--

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.83(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(11) (applicable to USMS and ICE) addresses 115.83(a).</p> <p>Following contact with two hospitals in the Las Vegas, NV area, the auditor was informed that SANE Nurses were not on staff at either hospital. Pursuant to follow-up by the NSDC Quality Assurance Manager (QAM) with sign of Hope (VA provider), she learned that Nevada Healthright (a group of forensic nursing providers) facilitates forensic nursing examinations in the area. The auditor did attempt to contact officials at Nevada Healthright and left a voicemail with no response.</p> <p>In addition to the above, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails, the detective did attempt to contact the auditor however, the same was unsuccessful. The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and Nevada Healthright has not been validated as the forensic examination provider by the</p>

criminal investigative interviewee.

Pursuant to the auditor's review of one PAQ sexual abuse investigation wherein the detainee victim was removed from the facility for a forensic examination, he finds that a forensic examination was facilitated. Additionally, the auditor's review of four other Mental Health Notes pertaining to the detainee, in question, in response to the sexual abuse incident and other mental health needs, reveals substantial compliance with 115.83(a).

Pursuant to the auditor's random review of nine sexual abuse investigations conducted during the last 12-14 months, the investigations revealed that medical and/or mental health evaluations were documented in seven cases. When victims declined either procedure, the same is well documented.

In view of the above, the auditor finds NSDC substantially compliant with 115.83(a).

115.83(b)

Pursuant to the PAQ, the Warden self reports that 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.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(12) (applicable to USMS and ICE) addresses 115.83(b).

In regard to medical care provided at the facility following a sexual abuse event, the medical staff interviewee states she takes vitals and facilitates a clothed body inspection, if necessary, looking for cuts, bruising, tearing, etc. If the same is discovered, basic first-aid is administered. Basic threshold questioning is accomplished to determine the potential extent of the injury(ies). The interviewee also states she employs calming techniques.

The mental health staff interviewee states she reaches out to the victim and offers a voluntary suicide assessment, listening to and assisting the victim as he/she processes. She facilitates threshold questioning of the victim and attempts to calm him/her, attempting to make him/her feel safe. Once the victim returns from the hospital, she educates him/her regarding available services.

Following contact with two hospitals in the Las Vegas, NV area, the auditor was informed that SANE Nurses were not on staff at either hospital. Pursuant to follow-up by the NSDC Quality Assurance Manager (QAM) with sign of Hope (VA provider), she learned that Nevada Healthright (a group of forensic nursing providers) facilitates forensic nursing examinations in the area. The auditor did attempt to contact officials at Nevada Healthright and left a voicemail with no response.

In addition to the above, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails, the

detective did attempt to contact the auditor however, the same was unsuccessful. The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and Nevada Healthright has not been validated as the forensic examination provider by the criminal investigative interviewee.

With respect to the three detainee interviewees who reported sexual abuse incidents at NSDC, two stated they were offered medical/mental health intervention in response to their allegation however, one interviewee stated that he declined the same. The third interviewee stated that he was not offered follow-up services, treatment plans, or any referrals, if necessary.

Pursuant to the auditor's random review of nine sexual abuse investigations conducted during the last 12-14 months, the investigations revealed that medical and/or mental health evaluations were documented in seven cases. When victims declined either procedure, the same is well documented.

In view of the above, the auditor finds NSDC substantially compliant with 115.83(b).

115.83(c)

Pursuant to the PAQ, the Warden self reports that the facility provides such victims with medical and mental health services consistent with the community level of care.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(13) (applicable to USMS and ICE) addresses 115.83(c).

Both the medical and mental health staff interviewees state that services offered at the facility are consistent with the community level of care. The medical staff interviewee states that forensic examinations are completed at a community hospital where the community standard of medical care is established.

Following contact with two hospitals in the Las Vegas, NV area, the auditor was informed that SANE Nurses were not on staff at either hospital. Pursuant to follow-up by the NSDC Quality Assurance Manager (QAM) with sign of Hope (VA provider), she learned that Nevada Healthright (a group of forensic nursing providers) facilitates forensic nursing examinations in the area. The auditor did attempt to contact officials at Nevada Healthright and left a voicemail with no response.

In addition to the above, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails, the detective did attempt to contact the auditor however, the same was unsuccessful.

The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and Nevada Healthright has not been validated as the forensic examination provider by the criminal investigative interviewee.

In view of the above, the auditor finds NSDC substantially compliant with 115.83(c).

115.83(d)

Pursuant to the PAQ, the Warden self reports that female detainees are housed at NSDC. The auditor's observations during the facility tour and female detainee interviews validate the Warden's assertion.

CC Policy 13-79 entitled Sexual Assault Response, pages 3 and 4, section B(10) (applicable to USMS and ICE) addresses 115.83(d and e).

Following contact with two hospitals in the Las Vegas, NV area, the auditor was informed that SANE Nurses were not on staff at either hospital. Pursuant to follow-up by the NSDC Quality Assurance Manager (QAM) with sign of Hope (VA provider), she learned that Nevada Healthright (a group of forensic nursing providers) facilitates forensic nursing examinations in the area. The auditor did attempt to contact officials at Nevada Healthright and left a voicemail with no response.

In addition to the above, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails, the detective did attempt to contact the auditor however, the same was unsuccessful. The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and Nevada Healthright has not been validated as the forensic examination provider by the criminal investigative interviewee.

There is no evidence of sexual victimization of a female detainee at NSDC during the last 12 months. Accordingly, the requisite interview was not conducted.

In view of the above, the auditor finds NSDC substantially compliant with 115.83(d).

115.83(e)

Pursuant to the PAQ, the Warden self reports that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

The policy citation reflected in the narrative for 115.83(d) above addresses 115.83(e).

The medical staff interviewee states that if pregnancy results from sexual abuse while incarcerated, victims are provided timely information and access to all lawful pregnancy-related services. Specifically, the same are offered at the local hospital in conjunction with the forensic examination. Such information and access to services are continued upon return to the facility from the forensic examination.

Following contact with two hospitals in the Las Vegas, NV area, the auditor was informed that SANE Nurses were not on staff at either hospital. Pursuant to follow-up by the NSDC Quality Assurance Manager (QAM) with sign of Hope (VA provider), she learned that Nevada Healthright (a group of forensic nursing providers) facilitates

forensic nursing examinations in the area. The auditor did attempt to contact officials at Nevada Healthright and left a voicemail with no response.

In addition to the above, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails, the detective did attempt to contact the auditor however, the same was unsuccessful.

The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and Nevada Healthright has not been validated as the forensic examination provider by the criminal investigative interviewee.

The auditor did not find any incidents wherein a female detainee was determined to be pregnant. Accordingly, such interview(s) could not be facilitated.

In view of the above, the auditor finds NSDC substantially compliant with 115.83(e).

115.83(f)

Pursuant to the PAQ, the Warden self reports that detainee victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(10) (applicable to USMS and ICE) addresses 115.83(f).

Tests for sexually transmitted infections and administration of infection prophylaxis are addressed in the narrative for 115.21(c). The same are administered in conjunction with the forensic examination. To be specific, such tests are administered at the hospital where the forensic examination is conducted.

Following contact with two hospitals in the Las Vegas, NV area, the auditor was informed that SANE Nurses were not on staff at either hospital. Pursuant to follow-up by the NSDC Quality Assurance Manager (QAM) with sign of Hope (VA provider), she learned that Nevada Healthright (a group of forensic nursing providers) facilitates forensic nursing examinations in the area. The auditor did attempt to contact officials at Nevada Healthright and left a voicemail with no response.

In addition to the above, the auditor has attempted to contact a detective with NCSO to facilitate the criminal investigative interview. Following two voicemails, the detective did attempt to contact the auditor however, the same was unsuccessful.

The auditor did attempt to contact the detective again, ultimately leaving a voicemail. At this juncture, the interview has not been facilitated and Nevada Healthright has not been validated as the forensic examination provider by the criminal investigative interviewee.

In view of the above, the auditor finds NSDC substantially compliant with 115.83(f).

115.83(g)

Pursuant to the PAQ, the Warden self reports that treatment services are 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.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(16) (applicable to USMS and ICE) addresses 115.83(g).

The auditor has not found evidence suggesting that any charges were assessed to victims of sexual abuse at NSDC during the last 12 months. Furthermore, none of the three detainees interviewed regarding monetary charges for treatment following sexual abuse state they were charged for any services.

In view of the above, the auditor finds NSDC substantially compliant with 115.83(g).

115.83(h)

Pursuant to the PAQ, the Warden self reports that If the facility is a prison, appropriate staff attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(17) (applicable to USMS and ICE) addresses 115.83(h).

The auditor notes that NSDC is identified as a jail facility and accordingly, 115.83(h) is not applicable to NSDC. The auditor concurs that operationally and based on the functional use of the facility, NSDC is a jail facility.

In view of the above, the auditor finds NSDC substantially compliant with 115.83(h).

Given the absence of adverse findings relative to the above provision narratives, the auditor finds NSDC substantially compliant with 115.83.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.86(a)

Pursuant to the PAQ, the Warden self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section P(1) (applicable to USMS and ICE) addresses 115.86(a).

Of note, the auditor's review of nine random sexual abuse investigations reveals that eight were unfounded. A Sexual abuse Incident Review (SAIR) was found to be completed in a timely manner in the one substantiated case as scripted in 115.86(a-e). SART team makeup, as articulated in the one SAIR report referenced above, is commensurate with 115.86(c) and the SAIR report, signed by the SART team, addresses all critical requirements as articulated in 115.86(d).

In view of the above, the auditor finds NSDC substantially compliant with 115.86(a).

115.86(b)

Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section P(3) (applicable to USMS and ICE) addresses 115.86(b).

Of note, the auditor's review of nine random sexual abuse investigations reveals that eight were unfounded. A Sexual abuse Incident Review (SAIR) was found to be completed in a timely manner in the substantiated case as scripted in 115.86(b).

SART team makeup, as articulated in the one SAIR report referenced above, is commensurate with 115.86(c) and the SAIR report, signed by the SART team, addresses all critical requirements as articulated in 115.86(d).

In view of the above, the auditor finds NSDC substantially compliant with 115.86(b).

115.86(c)

Pursuant to the PAQ, the Warden self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section P(2) (applicable to USMS and ICE) addresses 115.86(c).

The Warden asserts that a SART team is utilized and available at NSDC. The team does include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Of note, the auditor's review of nine random sexual abuse investigations reveals that eight were unfounded. A Sexual abuse Incident Review (SAIR) was found to be completed in a timely manner in the substantiated case as scripted in 115.86(b).

SART team makeup, as articulated in the one SAIR report referenced above, is commensurate with 115.86(c) and the SAIR report, signed by the SART team, addresses all critical requirements as articulated in 115.86(d).

In view of the above, the auditor finds NSDC substantially compliant with 115.86(c).

115.86(d)

Pursuant to the PAQ, the Warden self reports that the review team shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PCM.

The Warden asserts that the SART team assesses issues noted above to make necessary changes, if required, and/or highlight positive performance or failures. If staff disciplinary action is apparent and appropriate, the same can be identified pursuant to the SAIR process. The mission of the SART team is to "enhance all things PREA" at NSDC. SAIR reviews are forwarded to the Warden.

The PCM asserts that the SART team does prepare a report of the review proceedings encompassing the issues articulated above. He serves as a member of the SART and he writes the SAIR report. If there are recommendations, he follows through with the same or documents the basis for non-compliance. The same is generally documented on the SAIR report. He has not noted any trends in terms of issues discovered pursuant to SAIR reviews.

The SART team interviewee validated the issues addressed above as requisite review items.

	<p>Of note, the auditor's review of nine random sexual abuse investigations reveals that eight were unfounded. A Sexual abuse Incident Review (SAIR) was found to be completed in a timely manner in this substantiated case as scripted in 115.86(b). SART team makeup, as articulated in the one SAIR report referenced above, is commensurate with 115.86(c) and the SAIR report, signed by the SART team, addresses all critical requirements as articulated in 115.86(d).</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.86(d).</p> <p>115.86(e)</p> <p>Pursuant to the PAQ, the Warden self reports that the facility implements the recommendations for improvement or documents its reasons for not doing so. The auditor notes that zero recommendations were reflected in the one SAIR mentioned throughout this narrative.</p> <p>Of note, the auditor's review of nine random sexual abuse investigations reveals that eight were unfounded. A Sexual abuse Incident Review (SAIR) was found to be completed in a timely manner in the substantiated case as scripted in 115.86(b). SART team makeup, as articulated in the one SAIR report referenced above, is commensurate with 115.86(c) and the SAIR report, signed by the SART team, addresses all critical requirements as articulated in 115.86(d). As reflected in the preceding paragraph, zero recommendations were noted in this one SAIR review.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.86(e).</p> <p>Accordingly, based on the absence of findings for the above standard provisions, the auditor finds NSDC substantially compliant with 115.86.</p>
--	---

115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.87(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 32, section T(1) (applicable to USMS and ICE) addresses 115.87(a).</p> <p>The auditor's cursory review of PREA Annual Reports on the CC website for 2023 and</p>

2024 reveals the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

In view of the above, the auditor finds NSDC substantially compliant with 115.87(a).

115.87(b)

Pursuant to the PAQ, the Warden self reports the agency aggregates the incident-based sexual abuse data at least annually.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 32, section T(3) (applicable to USMS and ICE) addresses 115.87(b).

The auditor's cursory review of PREA Annual Reports on the CC website for 2023 and 2024 reveals annual aggregation of incident-based sexual abuse data for NSDC.

In view of the above, the auditor finds NSDC substantially compliant with 115.87(b).

115.87(c)

Pursuant to the PAQ, the Warden further self reports the standardized instrument includes, 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 32, section T(3) (applicable to USMS and ICE) addresses 115.87(c).

The PCM asserts that an SSV was not required for NSDC during the last 12 months. Pursuant to the auditor's review of the 2024 SSV-1A template, he has determined that the incident-based data collected is commensurate with the same. The PREA Annual Reports also address much of the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

In view of the above, the auditor finds NSDC substantially compliant with 115.87(c).

115.87(d)

Pursuant to the PAQ, the Warden self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 32, section T(2) (applicable to USMS and ICE) addresses 115.87(d).

	<p>The auditor's review of 12 random 5-1 packets (incident report, investigation) reveals that requisite information is available in the same. PREA 5-1 IRD PREA definitions are reflected in the 5-1BB document uploaded into OAS.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.87(d).</p> <p>115.87(e)</p> <p>Pursuant to the PAQ, the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its detainees.</p> <p>The auditor has learned NSDC does not contract with any other private facilities for the confinement of any detainees designated to their care, custody, and control. Accordingly, the auditor finds that 115.87(e) is not applicable to NSDC.</p> <p>115.87(f)</p> <p>Pursuant to the PAQ, upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>Pursuant to a memorandum dated February 23, 2026, the PCM asserts that SSV reports have not been requested from NSDC during 2023-2026.</p> <p>In view of the above, the auditor finds that 115.87(f) is not applicable to NSDC.</p> <p>In view of the absence of adverse findings associated with the above provisions, the auditor finds NSDC substantially compliant with 115.87.</p>
--	---

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.88(a)</p> <p>Pursuant to the PAQ, the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p>

Identifying problem areas;
Taking corrective action on an ongoing basis; and
Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 32, sections T(4) (applicable to USMS and ICE) addresses 115.88(a).

The Agency Head interviewee asserts that year after year, CC examines trends related to PREA reporting. Specifically, category, demographics of those involved in sexual abuse/harassment incidents, and substantiation rates to study trends and indicators of strengths or weaknesses in the program are reviewed. Outside of metrics related to reports, corrective action data is aggregated internally to identify trends in compliance efforts and auditor feedback.

Executive staff are briefed by the PREA Coordinator on a monthly basis and there is a PREA Committee that meets to review and monitor the health of the CC PREA Program.

The CCPC asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Files and information relative to investigations of PREA allegations are retained in the CC 5-1 Incident Report Database. This database is retained on a secure server and hard copies of investigative files are secured at the facility. All annual reports are maintained on the CC website and all information is subject to CC Record Retention Schedules.

Of note, PREA investigation reports and ancillary documentation are electronically generated however, a safely secured filing cabinet is located in the NSDC Investigator's Office and the PCM's Office. The auditor observed these processes throughout the on-site audit.

The CCPC further advises that the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SART review is considered for implementation.

The NSDC PCM asserts agency reviews of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, are handled at the corporate office. Investigations and SAIRs are electronically transmitted to corporate. The CCPC also has access to computerized daily population reports, etc. The NSDC investigator maintains hard copies of investigations in a locked cabinet in his/her office and the PCM likewise maintains hard copies in the same manner in his office. Data is published by corporate office staff.

In view of the above, the auditor finds NSDC substantially compliant with 115.88(a).

115.88(b)

Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Warden further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor's review of data collected pursuant to 115.87 and the 2023 and 2024 corporate cumulative annual reports reflects substantial compliance with 115.88(b). The cumulative annual reports, in question, clearly address a comparison of data for the years 2023 and 2024. The data collected pursuant to 115.87 is included within the annual report.

Enhancements enacted as the result of pre-audits completed by CC staff, information gleaned from reviews conducted pursuant to 115.86, and PREA audits conducted during the audit year(s), are discussed in the annual report(s). Finally, a synopsis is included in the annual report, addressing the "State of PREA" within CC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 32, section T(5) (applicable to USMS and ICE) addresses 115.88(b).

In view of the above, the auditor finds NSDC substantially compliant with 115.88(b).

115.88(c)

Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the Agency Head.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 32, sections T(8) (applicable to USMS and ICE) addresses 115.88(c).

The auditor's review of the aforementioned 2023 and 2024 annual reports clearly reflects the CC Executive Vice President and Chief Operating Officer (COO)/Senior Vice President and Chief Corrections Officer approves the report as the cover page bears his signature. The auditor verified the report(s), in question, are posted on the CC website.

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Executive Vice President and COO for final review, signature, and publishing.

In view of the above, the auditor finds NSDC substantially compliant with 115.88(c).

115.88(d)

Pursuant to the PAQ, the Warden self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where

	<p>publication would present a clear and specific threat to the safety and security of the facility. If information or material is redacted, the agency indicates the nature of material redacted. The Warden further self reports the agency did not redact material from the aforementioned annual reports.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 32, section T(6) (applicable to USMS and ICE) addresses 115.88(d).</p> <p>The CCPC asserts that the Annual PREA Reports do not contain the identity or personal/medical information of detainees or staff. Identifying information is not included in the investigations referenced in the annual reports.</p> <p>The auditor did not find any redacted material in the aforementioned annual reports.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.88(d).</p> <p>In view of the absence of any adverse findings associated with the above provisions, the auditor finds NSDC substantially compliant with 115.88.</p>
--	--

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.89(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency ensures incident-based and aggregate data are securely retained.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 32, section T(11) (applicable to USMS and ICE) addresses 115.89(a).</p> <p>The CCPC asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Files and information relative to investigations of PREA allegations are retained in the CC 5-1 Incident Report Database. This database is retained on a secure server and hard copies of investigative files are secured at the facility. All annual reports are maintained on the CC website and all information is subject to CC Record Retention Schedules.</p> <p>During the onsite visit, the auditor validated the CCPC's statement.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.89(a).</p>

115.89(b)

Pursuant to the PAQ, the Warden self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 32, section T(8) (applicable to USMS and ICE) addresses 115.89(b).

As previously indicated, the auditor verified compliance with this provision pursuant to review of the CC website. CC does not contract with any other facilities to house detainees committed to their custody and control.

In view of the above, the auditor finds NSDC substantially compliant with 115.89(b).

115.89(c)

Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Additionally, the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 32, section T(7) and (10) (applicable to USMS and ICE) addresses 115.89(c).

The auditor has found no instances wherein personal identifiers have been necessarily excised from subject reports.

In view of the above, the auditor finds NSDC substantially compliant with 115.89(c).

115.89(d)

Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 32, section T(10) (applicable to USMS and ICE) addresses 115.89(d).

The auditor has found no deviation(s) from either policy or standard provision with respect to 115.89(d).

The Core Civic Record Retention Schedule and appendix 1-15B clearly stipulates retention guidelines. The auditor finds NSDC substantially compliant with 115.89(d).

In view of the absence of adverse findings with respect to the above provisions, the auditor finds NSDC substantially compliant with 115.89.

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.401(a)

Pursuant to the auditor's cursory review of the CC website, he finds compliance with 115.401(a) unless contractual issues resulted in periods wherein facilities were not occupied.

In view of the above, the auditor finds CC substantially compliant with 115.401(a).

115.401(b)

Pursuant to the auditor's cursory review of the CC website, he finds compliance with 115.401(b) unless contractual issues resulted in periods wherein facilities were not occupied. As he has facilitated PREA audits at numerous CC facilities, he is generally aware of when audits were conducted at those facilities he is currently auditing, as well as, those he has audited in the past.

In view of the above, the auditor finds CC substantially compliant with 115.401(b).

115.401(h)

During the on-site visit at NSDC the auditor was granted access to all areas of the facility. He did observe mechanical rooms, cleaning supply closets, staff and detainee bathrooms, detainee cells and open bay areas, etc.

In view of the above, the auditor finds NSDC substantially compliant with 115.401(h).

115.401(i)

The auditor was granted access to documentation, both paper and electronic, throughout the course of the audit. Staff were very prompt and facilitative in this regard.

	<p>In view of the above, the auditor finds NSDC substantially compliant with 115.401(i).</p> <p>115.401(m)</p> <p>The auditor was granted office space throughout the facility wherein he conducted private interviews with detainees.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.401(m).</p> <p>115.401(n)</p> <p>The auditor did not receive any correspondence from detainees regarding PREA matters at NSDC. Audit Notices were posted in a timely manner and detainee interviewees did not voice any concerns regarding inability to correspond with the auditor.</p> <p>In view of the above, the auditor finds NSDC substantially compliant with 115.401(n).</p> <p>Given the fact zero deviations are noted regarding the above provisions, the auditor finds NSDC substantially compliant with 115.401.</p>
--	--

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.403(f)</p> <p>The auditor's research of the CC/NSDC website reveals that the last Final PREA Audit Report dated April 21, 2023 is posted on the same.</p> <p>In view of the above, the auditor finds CC/NSDC substantially compliant with 115.403(f).</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	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: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who 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
	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	yes

	consent or refuse?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f) Hiring and promotion decisions		
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (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 sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	

	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental	yes

	health care practitioners who work regularly in its facilities.)	
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Education Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	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
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation	yes

	can be arranged?	
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision,	yes

	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.)	
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	yes

	(N/A if agency is exempt from this standard.)	
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	

	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has	yes

	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?	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e) Reporting to inmates		
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a) Disciplinary sanctions for staff		
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b) Disciplinary sanctions for staff		
	Is termination the presumptive disciplinary sanction for staff who	yes

	have engaged in sexual abuse?	
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	

	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	

	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph §	yes

	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.)	
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	

	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports,	yes

	investigation files, and sexual abuse incident reviews?	
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted	yes

	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?	
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by	yes

	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.)	
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes