

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

☐ Interim ☒ Final

Date of Report August 15, 2018

Auditor Information

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Company Name: PREA Auditors or America, LLC	
Mailing Address: P.O. Box 2111	City, State, Zip: Hotchkiss CO 81419
Telephone: (970)250-5719	Date of Facility Visit: Jan. 22 & 23, 2018

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
99 Security Forces Squadron Confinement		US Air Force Security Forces Center	
Physical Address: 4455 Grissom Ave., Nellis AFB NV 89191		City, State, Zip: JBSA-Lackland, TX 78236-0119	
Mailing Address: same		City, State, Zip: Click or tap here to enter text.	
Telephone: 702-652-3023		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input checked="" type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: The Corrections Division is responsible for the transfer and management of Air Force courts-martialed members from worldwide confinement facilities for continued confinement in Regional Correctional Facilities (RCFs) operated by the Department of Air Force, Army, Navy, and Marine Corps. The division maintains courts-martial, personnel, and financial data of inmates confined in the Air Force Corrections System and members released on parole or appellate leave.			
Agency Website with PREA Information: http://www.afsfc.af.mil/PREA/			

Agency Chief Executive Officer

Name: Joseph Wegner	Title: Director, US Air Force Corrections
Email: joseph.wegner@us.af.mil	Telephone: 210-925-7733

Agency-Wide PREA Coordinator

Name: Marcus Sidney	Title: PREA Coordinator
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Email: marcus.sidney.1@us.af.mil	Telephone: 210-925-0845
PREA Coordinator Reports to: Joseph Wegner, Director USAF Corrections	Number of Compliance Managers who report to the PREA Coordinator 20 to 22
Facility Information	
Name of Facility:	Nellis AFB, 99 Security Forces Squadron/Confinement
Physical Address:	4455 Grissom Ave., Nellis AFB, NV 89191
Mailing Address (if different than above):	Click or tap here to enter text.
Telephone Number:	702-652-3023
The Facility Is:	<input checked="" type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail <input type="checkbox"/> Prison
Facility Mission:	
Facility Website with PREA Information:	http://www.afsfc.af.mil/PREA/
Warden/Superintendent	
Name: Thomas P. Matechik	Title: Captain, SFS Confinement
Email: thomas.matechik.1@us.af.mil	Telephone: 702-652-6132
Facility PREA Compliance Manager	
Name: Jeffrey Williams	Title: SSgt. PREA Manager
Email: Jeffrey.williams.49@us.af.mil	Telephone: 702-652-2968
Facility Health Service Administrator	
Name: Lee Pietryk	Title: Confinement Medical Officer
Email: lee.pietryk@us.af.mil	Telephone: 702-652-2273
Facility Characteristics	
Designated Facility Capacity: 18	Current Population of Facility: 3
Number of inmates admitted to facility during the past 12 months	19
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	6

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		19	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18 and up	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		30 days	
Facility security level/inmate custody levels:		Medium	
Number of staff currently employed by the facility who may have contact with inmates:		4	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		2	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		0	
Physical Plant			
Number of Buildings: one (1)		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		1	
Number of Open Bay/Dorm Housing Units:		1	
Number of Segregation Cells (Administrative and Disciplinary):		2	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
The confinement facility has a camera system providing good blind spot coverage and good coverage when staff are not physically present. However, the system is old and not properly functioning.			
Medical			
Type of Medical Facility:		Air Force Base Medical Facility	
Forensic sexual assault medical exams are conducted at:		University Hospital via MOU with SARPO	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		0	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		USAF Office of Special Investigations investigates sexual assault	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Nellis Air Force Base 99th Security Forces Squadron Confinement provided the auditor with some file documentation prior to the onsite audit. While many of the files were lacking sufficient documentation, others were later found to have been sent, but not received in a readable format by the auditor. This resulted in much of the file documentation needing to be reviewed at the facility or during the post on-site phase. Auditor completed as much of the pre-onsite phase of the audit tool as possible prior to the on-site visit. Many files were still lacking documentation hindering the auditor's ability to complete standard reviews in a timely manner. Some statistical data required on the pre-audit questionnaire for completion of this report was not obtained until required by the interim report.

Auditor arrived at the facility on 01/22/18 at approximately 9:00am and was escorted to the 99th SFS headquarters. An in-briefing was conducted with the auditor at 9:30 am with the following staff: Security Forces Commander Major Hart, Confinement Officer Capt. Matechik, NCOIC of confinement SSgt. Zarrella, facility PREA Manager SSgt. Williams, PREA Manager select SSgt. Coakley, MSgt. Raygoza, MSgt. Gonzalez and SMSgt. Knoble. A short tour of the small military confinement facility was then conducted. Auditor found the jail-like setting to be clean and orderly with two separation or segregation cells and two open bay type areas. Noted during the tour was the placement of cameras, the number of staff on duty, cleanliness of the complex and the number of confinees present. There were no confinees in the separation cells, two confinees were in the larger open bay having been sentenced and one confinee pending hearing, was housed in the smaller open bay. All were adult males. Throughout the tour and subsequent visits to the cells/room, confinees and staff were questioned about confinees' ability to use bathrooms, showers, etc... without staff of the opposite gender viewing them and about staff of the opposite gender announcing their presence in the housing areas. Confinees all stated they felt safe in this environment and were treated with respect and professionalism by assigned staff.

Interviews with staff and confinees began immediately after the tour and continued into day 2. A total of 12 staff (from a total of 12 staff) from both shifts were interviewed. Due to the unique setting within military confinement facility, only two staff interviewed (both interviewed as random) are not also one of the specialized staff interviewed. All staff assigned are male. There were no contract staff and no volunteers to interview. Several attempts were made, by the auditor to interview medical staff at the local on-base medical clinic including setting up two separate phone interviews. All attempts failed. All three confinees were interviewed, one of whom acknowledged having been sexual abused prior to incarceration. Attempts were made to interview previous detainees, but none returned calls. There were no LEP or disabled confinees, no confinees reporting sexual abuse. no LGBTI, no female or youthful confinees.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Nellis AFB Confinement Facility (identified as "building 2") is a small jail-like facility with 18 total beds, but only housing three confinees at the time of the onsite visit. Staff indicate they rarely have more than five confinees and routinely will have one or two, or even no confinees. No confinees are or have been housed for more than 180 days. Living units consist of one large open bay area, one smaller open bay area and two segregation or separation cells. The two open bay areas are connected through the shower/toilet area but can be remotely controlled by dispatch. The facility houses only adult male confinees but is not disallowed from housing youthful or female detainees should the need arise. Physical plant layout would allow for separate areas for females if needed and separation, including sight and sound separation for youthful confinees if necessary. Approximately 14 cameras are in place in the common areas of the facility. The facility did provide a copy of a request submitted for camera upgrade to 40 cameras with two DVRs.

Confinees are escorted and under constant direct supervision from the confinement area to a dining area shared with other Air Force personnel as well as a recreation area. The facility also has no onsite medical or mental health providers. Confinees are escorted to the on-base medical clinic if needed. SAFE/SANE services are available through the DoD Sexual Assault Prevention and Reporting Office (SAPRO) who has an MOU with University Hospital in Las Vegas.

Use of the phone is allowed by request and the confinee is escorted to an office like area and left alone to use the phone. Camera coverage is available in this area. PREA brochures, containing reporting phone numbers, and third-party reporting forms were noticed to be available as well as a PREA form drop box.

Access to the facility is through a 24-hour manned entry point controlled by staff with manual keys or remotely, via camera system, through the SFS "dispatch" center, similar to a police dispatch center. Minimum staffing is two staff physically present from 6:00 am to 9:00pm, Monday through Friday, then dispatch coverage via cameras any time staff are not physically present in the confinement area. The dispatch office is in the same building and is staffed by two persons, one of whom can respond to the confinement area immediately if necessary. Similar to a county jail, Security Forces staff are always on duty and can respond as requested/required.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 0

Click or tap here to enter text.

Number of Standards Met: Thirty eight (45)

115.11, 115.12, 115.15, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.93, 115.401 & 115.403

Number of Standards Not Met: none (0) standards are not met

Click or tap here to enter text.

Summary of Corrective Actions

115.13--While the provided policy requires appropriate staffing and a staffing plan is in place, the intent of this standard is not met as the camera system which is relied upon to meet appropriate supervision of confinees is old, failing and inadequate. At the time of the on-site audit, the camera system provided real time viewing of detainees but no record capabilities. While there is 24 hour back up by security forces staff, should an incident occur, or if the camera system fails, there is no identified plan of action. Nellis AFB needs to either update, repair or replace the current camera system if it is to be used in place of direct supervision by staff or add staff to have 24/7 coverage. Documentation of corrective actions must be provided to auditor.

Action taken: Nellis AFB provided a memo stating 24/7 staff coverage would occur, should the need arise, until the camera system is updated.
Compliance attained.

115.15--Three corrective actions are required for compliance with this standard.

1. The two segregation or separation cells are open bar cells with the toilets in plain view from the corridor and immediately upon entering the entrance door. Even if staff announced before entering the area, detainees would not have time to clean themselves, stand from the toilet and cover their body before being viewed by anyone entering the area. The toilet area inside the cell needs to be covered to allow for confinees to not be seen using the toilet or partially naked by persons of the opposite gender entering segregation area. Photos of corrective action taken by the facility need to be provided to the auditor.

Action taken: Nellis provided a copy of the purchase request for moveable partitions to cover the toilets when in use. Photos were then forwarded of completed action. Compliance attained.

2. While detainees may dress, change clothes in the bathroom or shower area, and towel off and dress in the shower after a shower (behind the shower curtain), out of direct view or camera view of staff of the opposite gender, there is no evidence the detainees are advised of this. Detainee brochure or orientation, or similar documentation needs updated to inform the

detainees they have that availability. Evidence of the corrective action taken by the facility needs to be provided to the auditor.

Action taken: 99 SFS Confinement Facility Rule Book, added : 3.7 Changing Policy. Inmates will at all times change behind the black line located in front of the showers or inmates have the option to change inside of the shower stall (out of direct view from others), there are no exceptions to this rule. Compliance attained.

3. Staff indicate they have not received training on cross gender pat searches or appropriate searches of transgender or intersex detainees. While cross gender pat searches would be covered by having a female staff report to the confinement facility from security forces, this would not cover transgender or intersex detainee searches. All confinement staff who may perform pat searches or "frisk" searches need to complete this training. Evidence of appropriate training needs to be provided to the auditor as well as records reflecting 100% of staff have completed the training.

Action taken: Records of all staff receiving cross gender pat search training was provided to the auditor. Compliance attained.

115.17--The facility needs implement procedures and/or provide documentation for the following:

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?
- 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?

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?

115.17 (f)

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

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?

115.17 (h)

Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)

Action taken: 99 SFS OI 35-105 added the following:

Chapter 6

HIRING AND PROMOTION DECISIONS

- 6.1. Hiring Process [C.F.R. 115.17).** The Confinement Officer hires only staff members who possess the highest degree of maturity and emotional stability to work in the corrections environment.

6.1.1. All Nellis AFB CF Staff applicants who have contact with inmates directly will be asked about previous sexual misconduct as part of their interviews for hiring or promotions and will have a NCIC and SFMIS background check conducted.

6.1.2. All Nellis AFB CF Staff will be asked about previous sexual misconduct as part of their annual Airman Comprehensive Assessment (ACA) conducted utilizing the Air Force PREA disclosure.

6.1.3. All staff are required to disclose any sexual misconduct that occurs prior to or during their employment at the Nellis AFB CF. Any omissions regarding such misconduct, or the provision of materially false information is grounds for terminations.

6.1.4. The Confinement Officer will provide information on substantiated allegations of sexual abuse or sexual harassment documented in Security Forces Management Information System SFMIS involving a former employee upon receiving a request.

Compliance attained.

115.34-- The facility needs to provide documentation that its administrative case investigators have received training in conducting sexual abuse and sexual harassment investigations in confinement settings, techniques for interviewing sexual abuse victims and the criteria and evidence required to substantiate a case for administrative action.

Action taken: Nellis AFB provided documentation from AFI71-101V1 reflecting all sexual abuse allegations, as defined by 115.6, would be conducted by AFOSI, whether criminal or administrative. Compliance attained.

115.52--Facility needs to provide documentation of the method of informing detainees of the grievance process. No documentation could be found indicating that a confinee is educated about how to file a formal grievance.

Action taken. Nellis AFB provided DD Form 510, Prisoner Request. This form serves as a request for interview or communications as well as a formal grievance form with a check box specifically for "GRIEVANCE". The Nellis AFB Confinement Facility Rule Book states:

13.3. Confiner Reporting.

13.3.1. Restricted Reporting. To privately report sexual abuse and sexual harassment, retaliation by other inmate or staff for reporting sexual abuse or sexual harassment, and staff neglect that may have contributed to such incidents. Inmates may report concerns by:

13.3.1.1. If a Confiner would like to report sexual abuse and sexual harassment they may request via DD Form 510 or contact the Confinement staff to talk to their installation SAPRO, the DoD Safe Helpline (1-877-995-5247), installation Chaplain and etc. Listed below are mailing addresses for each agency:

- SAPRO: 4311 Carswell Ave., Bldg. 340, Suite 400, Nellis AFB, NV 89191
- Chaplain: 4302 N. Washington Blvd., Nellis AFB, NV 89191
- Mental Health: 4700 Las Vegas Blvd., Bldg. 1300 Nellis AFB, NV 89191

13.3.1.2. There are report forms located inside the confinement facility and inside the visitation room. Fill out a report and drop it into one of the two drop boxes located in the Confinement Facility or the visitation room. The PREA Compliance manager is the only one that has access to the drop boxes.

13.3.2. Unrestricted Reporting. To report abuse, harassment, retaliation, and staff neglect to a public or private entity that is not part of the agency and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates may report concerns by:

13.5.2.1. If a Confiner would like to report abuse to an outside agency they may request to do so via DD Form 510 or contact the Confinement Staff to talk to their installation SAPRO, the DoD Safe Helpline (1-877-995- 5247), installation Chaplain and ADC. Inmates may use the phone located inside the visitation room to consult with outside agencies in private.

Compliance attained

115.53-- Corrective action: The facility needs to produce posters, a brochure, add to confinement rule book, or otherwise notify confinees of access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, and the confidentiality rules and limitations to these services as outlined in standard 115.53. No documentation could be found with address and the confidentiality rules and limitations to these services as outlined in standard 115.53. Policy needs to address this as well.

Action taken: Nellis AFB provided an updated posting that provides the names, phone numbers and addresses for Sexual Abuse Preventions and Reporting Office (SAPRO), the Chaplain's Office and on base mental Health. All three offices would provide emotional services with SAPRO also providing victim advocacy. The same information is provided on the "Third Party Reporting Incident Report Form" which is provided throughout the confinement facility including the housing units and the visiting room. The same information is also in the confinement rule book as noted in 115.52 above.

Compliance attained.

115.72--The facility/agency needs to provide documentation supporting 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? None could be found in the file.

Action taken: 99 SFS OI 31-105 *added*):

5.6. Investigation of Incidents [C.F.R. 115.21(a)(b)(c)(f) and (h) , 115.22, 115.71, 115.72, 115.73]:

The *CF* ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The *DFC* reports all allegations of sexual abuse or sexual harassment associated with the CF to AFOSI. *Nellis AFB CF does not impose a higher standard than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.*

Compliance attained

PLAN OF ACTION:

The agency/facility is required to provide evidence of compliance with above noted standards marked as non-complaint. The auditor will post the final report to the DOJ no later than 180 days from February 15, 2018. Should compliance be attained, as verified by the auditor, prior to that date, the auditor may post the final report at that time.

In addition, the auditor has made other recommendations, while not necessarily causing non-compliance currently, should an incident occur, compliance could be jeopardized if recommendations are not addressed.

PREVENTION PLANNING

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

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

The 99th SFS Confinement Facility policy "99 Security Forces Squadron (SFS) Operating Instruction (OI) 31-105, PREA Guidance" states "the Air Force Corrections System is committed to zero tolerance of any form of sexual abuse and sexual harassment in facilities it operates." This policy goes onto describe the agency's and facility's approach to preventing, detecting, and responding to sexual abuse

and sexual harassment. The auditor reviewed this policy in its entirety as well as the proposed update of this policy and found that the policy meets this standard.

Observations and Interviews: The agency's PREA Coordinator is Mr. Sidney Marcus who is identified in policy and in organizational charts and appointing memo. Mr. Sidney states this is his only assigned job and feels he has sufficient time and authority to perform the job of overseeing 20 to 22 level one confinement facilities. His office is at Lackland AFB and he reports directly to the agency head of Air Force Corrections, Mr. Joseph Wegner.

The facility PREA Compliance Manager is Staff Sergeant (SSgt.) Jeffrey Williams. He is identified in policy and organization charts. SSgt. Williams states he has sufficient time to perform his duties as PREA Manager. He also acts as confinement staff and performs other confinement related duties.

Finding: (compliant) The agency and facility are compliant and meet the elements of this standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Observations and interviews: The 99th SFS does not contract with any other agency/facility to confine its confinees. This was confirmed through interviews with the agency head, Mr. Wegner and the agency PREA Coordinator Mr. Sidney as well as Nellis AFB Confinement Officer, Capt. Matechik.

Finding: (compliant)

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

"4.1. Staffing Plan/Video Monitoring.

The CF develops, documents, and makes its best effort to comply on a regular basis with a staffing plan. The plan ensures adequate levels of staffing and video monitoring to protect confinees against sexual abuse. The staffing plan ensures that the following factors are taken into consideration:

- 4.1.1. Generally accepted detention and correctional practices
- 4.1.2. Any judicial findings of inadequacy
- 4.1.3. Any findings of inadequacy from Federal investigative agencies
- 4.1.4. Any findings of inadequacy from internal or external oversight bodies
- 4.1.5. All components of the facility's physical plant
- 4.1.6. The composition of the confinee population
- 4.1.7. The number and placement of supervisory staff
- 4.1.8. Programs occurring on a particular shift
- 4.1.9. Any applicable state or local laws, regulations, or standards
- 4.1.10. The prevalence of substantiated and unsubstantiated incident of sexual abuse

AFI 31.105 states, in part:

Paragraph 5.12.1.6: PREA Staffing Plan. The DFC conducts an annual review of the staffing plan, which includes (but not limited) to the following: manpower, CCTV coverage, Facility capacity, and

policy of documented on-duty/off-duty higher level unannounced supervisory visits. DFC includes this information in a brief signed letter and sends to AFSFC/FC. See the AFSFC SMARTNet for report template.

99 SFS OI, PREA Guidance further states:

4.2. 99 SFS makes its best efforts to comply with the staffing and video monitoring plan. In circumstances where it is not complied with, the CF will document, justify, and ensure the approval of all deviations by the DFC or designee.

4.3. Under PREA, the DFC conducts an annual review of the staffing plan (manpower), CCTV plan, and policy of documented (SF blotter) on-duty/off-duty higher level unannounced supervisory visits. The staffing plan along with the Annual PREA Report is sent to AFSFC/FC at afsfc.sfcv.1@us.af.mil NLT 16 Jan CY.

NOTE: The Air Force considers undue viewing of the opposite gender to include viewing on CCTV monitors. Since CCTV is not authorized in the shower or toilet areas, the intention of the Air Force is that CCTV use in segregation or suicide watch cells will be monitored by same gender staff. (If the cell can be converted from segregation cell to general population cell, the camera lens must be capped)

4.4. Unannounced Rounds.

4.4.1. A squadron member E-7 or above will conduct and document unannounced rounds covering all shifts, and all areas of the facility, to identify and deter staff sexual abuse or harassment. 99 SFS policy prohibits staff members who are aware of these rounds from alerting other staff as to when or where these rounds are occurring, unless related to the legitimate operational needs of the facility.

4.4.2. SFMQ/The PREA Compliance Manager consults with the member on how and when the unannounced rounds will be conducted and will review all documentation from the rounds.

4.4.3. Key Implementation Considerations:

4.4.3.1. Unannounced rounds to identify staff sexual abuse and harassment should be conducted by any of the following or others at the DFCs discretion:

4.4.3.1.1. Confinement Officer

4.4.3.1.2. Operations Superintendent

4.4.3.1.3. Flight Chiefs

4.4.3.1.4. First Sergeants

4.4.3.2. Rounds should be conducted on a regular basis.

4.4.3.2.1. The frequency of the unannounced rounds to detect staff sexual abuse and harassment is left to DFCs discretion but should be at least once a month.

4.4.3.2.2. Rounds should be conducted for night shifts, as well as day shifts.

4.4.3.2.3. The rounds are documented on the AF Form 53 (Blotter) and

are maintained for a minimum of one year.

Observations and Interviews:

In interviewing all supervisory/management staff, the auditor determined there have been no judicial findings of inadequacy and no findings of inadequacy from Federal investigative agencies or internal or external oversight bodies. There have been no substantiated or unsubstantiated incidents of sexual abuse or harassment. The composition of the population is all English-speaking adult male adults.

Due to the availability of SFS staff 24/7, the facility has never deviated from its staffing plan by always having staff available. Therefore, no reports of deviation have occurred.

Interviews conducted with the PREA Coordinator indicates he reviews each facility's staffing plan at least annually and meets with respective facility, either in person or by phone, to discuss adjustments or needed adjustments to the plan, video or other monitoring devices and future plans. These meetings are documented and added to his annual report.

Confinees interviewed stated they have seen higher ranking individuals tour the facility and those staff do stop and talk with them. Confinement staff state they regularly see the Captain, the Master Sergeant or flight chiefs and 1st sergeants. Higher ranking and intermediate staff interviewed included the Captain, a MSgt and and SMSgt. All stated they do unannounced rounds and do them at night and weekends as well as during working hours and document those rounds on a memo for record (MFR). The auditor reviewed dispatch blotters and MFR forms showing several unannounced rounds over the last few weeks. Policy requires staff not announce when supervisors enter the facility.

Finding: (compliant)

While policy requires appropriate staffing and a staffing plan is in place, the intent of this standard is not met as the camera system which is relied upon to meet appropriate supervision of detainees is old and failing and is inadequate. At the time of the on-site audit, the camera system provided real time viewing of detainees but no record capabilities. While there is 24 hour back up by security forces staff should an incident occur or if the camera system fails, there is no identified plan of action. Nellis AFB needs to either update, repair or replace the current camera system if it is to be used in place of direct supervision by staff or add staff to have 24/7 coverage. Documentation of corrective actions must be provided to auditor.

Action taken: Nellis AFB provided a memo stating 24/7 staff coverage would occur should the need arise until the camera system is updated.
Compliance attained.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other

common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Observations and Interviews: 99th SFS confinement facility does not house youthful offenders. Although this is not in policy, the facility has never housed a youthful offender and has a high likelihood that this would not occur.

The auditor suggested to the agency PREA Coordinator to place this in writing to ensure youthful offenders would be transported to a facility with that capability.

Finding: (compliant)

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☒ No
- Does the facility document all cross-gender pat-down searches of female inmates?
☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☒ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☒ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

4.6.2. Viewing:

4.6.2.8. When using Closed Circuit Televisions (CCTV), all blind spots will be eliminated where staff or confinees may be isolated.

4.6.2.9. Maintain all CCTV digital recordings for a minimum of 30 days and maintain longer if the material is the subject of an investigation.

4.6.2.10. Ensure CCTV does not invade confinee privacy (i.e., do not place in cells, toilet, or shower areas) unless suicidal or violent behavior dictates otherwise. Keep CCTV monitors from public view. Ensure opposite gender staff cannot view monitors. Follow guidelines for cross gender viewing under PREA.

4.6.2.11. A notice will be posted on the confinee bulletin board within the common areas of the facility stating: "NOTICE TO CONFINEEES: Male and female staff routinely work and visit in confinee housing areas."

4.6.2.12. Key Implementation Considerations:

4.6.2.5.1. Cross-gender viewing of transgender confinees is also prohibited. The CF will need to consult with the Confinement Officer to make a case-by-case determination about which gender of staff would be appropriate to view a transgender confinee in a state of undress. In general, a transgender woman should not be viewed by male staff, and transgender man should not be viewed by female staff when they are not fully clothed.

4.6.2.5.2. If opposite-gender staff will be conducting rounds in housing units while confinees are asleep (such as male staff checking a female dorm), the opposite-gender staff member should announce that these rounds will occur prior to "lights out."

4.6.2.5.3. The policy requires regular verbal notification. A sign or notice in a confinee handbook or other written materials is not sufficient.

4.6.2.5.4. Opposite-gender staff must announce their presence to allow confinees sufficient time to adjust their clothing or cover their bodies.

4.6.3. Searches:

4.6.3.13. Confinement staff shall not conduct opposite gender strip or frisk searches except in exigent circumstances IAW AFI 31-105, Air Force Corrections System.

4.6.3.14. All opposite gender strip and frisk searches, will be documented in the Security Forces and Confinement blotter IAW AFI 31-105.

4.6.3.15. IAW C.F.R. Part 115.15 (b), effective August 20, 2015 [or August 20, 2017 for a facility whose rated capacity does not exceed 50 confinees] the facility shall not permit cross-gender pat-down searches (a running of the hands over the clothed body of an confinee by an employee to determine whether the individual possesses contraband) of female confinees, absent exigent circumstances (must be documented in the blotter). The facility shall not restrict female confinee's access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

NOTE: Due to the size of Air Force Level I facilities and the limitations of having both gender staff regularly available, these facilities may consider using SF flight members in order to avoid violating these standards.

4.6.3.16. Transgender/intersex searches/inspections, CFs staff will not search or physically examine a transgender or intersex confinee for the sole purpose of determining the confinee's genital status. If the confinee's genital status is unknown, it may be determined during conversations with the confinee, by reviewing medical records, or, if necessary, by learning the information as part of a

broader medical examination conducted in private by a medical practitioner.

4.6.3.17. Cross-gender strip searches are prohibited unless exigent circumstances exist or the search is performed by a medical practitioner. (must be documented in the blotter)

Observations and Interviews: During the tour, no females entered the facility, only male detainees were present and only male staff are assigned. Detainees stated, during interviews and while touring, that females are announced when entering the facility but rarely do females enter.

Staff state females entering the area are always announced. Further staff state they have never seen a cross gender pat search conducted and never heard of a cross gender strip search occurring. Staff indicate they would never search a person to determine that persons gender of sender status. However, some staff indicated during interviews that they had not had cross gender of transgender/intersex pat search training within the last year. Policy requires no cross gender strip or body cavity searches and no cross gender pat searches are to be conducted except in emergent circumstances, which has not happened within the 12 months and beyond. They have not confined any female confinees. Announcements would be made if a female were detained or if female staff enter the area. Signs are posted informing detainees of the possibility of opposite gender entering the area and this is noted in the detainee handbook and brochure.

Finding: (Compliant)

Physical plant adjustments, detainee education and staff training need addressed as noted in corrective actions below.

Three corrective actions are required for compliance with this standard.

1. The two segregation or separation cells are open bar cells with the toilets in plain view from the corridor and immediately upon entering the entrance door. Even if staff announced before entering the area, detainees would not have time to clean themselves, stand from the toilet and cover their body before being viewed by anyone entering the area. The toilet area inside the cell needs to be covered to allow for confinees to not be seen using the toilet or partially naked by persons of the opposite gender entering segregation area. Photos of corrective action taken by the facility need to be provided to the auditor. Action taken: Nellis provided a copy of the purchase request for moveable partitions to cover the toilets when in use. Photos were then forwarded of completed action. Compliance attained.
2. While detainees may dress, change clothes in the bathroom or shower area, and towel off and dress in the shower after a shower (behind the shower curtain), out of direct view or camera view of staff of the opposite gender, there is no evidence the detainees are advised of this. Detainee brochure or orientation, or similar documentation needs updated to inform the detainees they have that availability. Evidence of the corrective action taken by the facility needs to be provided to the auditor. Action taken: 99 SFS Confinement Facility Rule Book, added : 3.7 Changing Policy. Inmates will at all times change behind the black line located in front of the showers or inmates have the option to change inside of the shower stall (out of direct view from others), there are no exceptions to this rule. Compliance attained.

3. Staff indicate they have not received training on cross gender pat searches or appropriate searches of transgender or intersex detainees. While cross gender pat searches would be covered by having a female staff report to the confinement facility from security forces, this would not cover transgender or intersex detainee searches. All confinement staff who may perform pat searches or "frisk" searches need to complete this training. Evidence of appropriate training needs to be provided to the auditor as well as records reflecting 100% of staff have completed the training.
- Action taken: Records of all staff receiving cross gender pat search training was provided to the auditor.
- Compliance attained.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy: 99 SFS OI 31-105

4.7. Confinees with Limited English Proficiency or Disabilities [C.F.R. 115.16]:

4.7.1. Confinees with Limited English Proficiency:

4.7.1.1. Military recruits are required to process through Military Entrance Processing Stations (MEPS) which requires all military service components to be English proficient prior to acceptance of enlistment, commission, or appointment.

4.7.1.2. The confinement facility does not rely on confinee interpreters, readers, or other assistance from confinees except in limited circumstances affecting safety or first responder duties.

4.7.2. Disabled Confinees:

4.7.2.3. Discrimination based on a confinee's disability limiting access to the PREA programs and services is prohibited. This includes any physical disabilities which could lead other confinees to believe a confinee would be vulnerable to sexual abuse or sexual harassment.

4.7.2.4. Any necessary accommodation will be identified during intake and reviewed as necessary.

Observations and Interviews: The auditor was concerned with disabilities (not LEP) that could be affected by this standard. Interviews with the PREA Coordinator, PREA Manager and Confinement Officer revealed that the policy outlines necessary accommodations will be made, on a case by case basis, for disabled confinees of any type. This has not happened within the last several years as all confinees thus far have not been disabled in any way. Further the likelihood of this happening is minimal as all confinees are assigned Air Force personnel, most being required to be fit for full duty.

Finding: (compliant)

Based on established policy and interviews with specialized staff, the facility is found to be compliant with this standard.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy: 99 SFS OI 31-105

4.10. Hiring and Promotion Practices [C.F.R. 115.17]. Military hiring and promotion practices are unique and unlike any other agency. Military recruits and military members cannot join or remain in the military with a record of engaging in sexual abuse in any form or fashion. Due to this practice, no action is required with regard to confinement facility staff hiring or promotion.

Observations and Interviews: During interviews the PREA manager and Confinement Officer supported the above policy statement. The facility does not normally use contract personnel in the confinement facility. Any contractors would be under direct supervision of confinement staff if detainees were present.

Finding: (compliant)

While policy as noted above supports no Air Force personnel may be "hired" or remain a member of the service with a record of engaging in sexual abuse, the remainder of the standard has no supportive documentation. See the corrective action below.

Corrective action: The facility needs to implement procedures and/or provide documentation for the following:

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?
- 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?

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?

115.17 (h)

Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)

Action taken: 99 SFS OI 35-105 added the following:

Chapter 6

HIRING AND PROMOTION DECISIONS

6.1. Hiring Process [C.F.R. 115.17]. The Confinement Officer hires only staff members who possess the highest degree of maturity and emotional stability to work in the corrections environment.

6.1.1. All Nellis AFB CF Staff applicants who have contact with inmates directly will be asked about previous sexual misconduct as part of their interviews for hiring or promotions and will have a NCIC and SFMIS background check conducted.

6.1.2. All Nellis AFB CF Staff will be asked about previous sexual misconduct as part of their annual Airman Comprehensive Assessment (ACA) conducted utilizing the Air Force PREA disclosure.

6.1.3. All staff are required to disclose any sexual misconduct that occurs prior to or during their employment at the Nellis AFB CF. Any omissions regarding such misconduct, or the provision of materially false information is grounds for terminations.

6.1.4. The Confinement Officer will provide information on substantiated allegations of sexual abuse or sexual harassment documented in Security Forces Management Information System (SFMIS) involving a former employee upon receiving a request.

NOTE: Military hiring and promotion practices are unique and unlike any other agency. 1\lilitm y rec rui ts and militmy members cannot join or remain in the militmy with a recordof engaging in sexual abuse in any form or fashion. Due to this practice, no action is required with regard to confinement facility staff hiring or promotion.

Compliance attained by addressing each element of the standard in the above added policy.
Confinement staff are not assigned to confinement for more than two years, therefore, five-year background checks are not needed.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

4.11. Upgrades to Facilities and Technologies [C.F.R. 115.18, AFI 31-105 para 2.1.1.1.]:

4.11.1. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the CF shall consider the effect of the design, acquisition, expansion, or modification on its ability to protect confinees from sexual abuse.

4.11.2. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the CF considers how such technology may enhance its ability to protect confinees from sexual abuse.

Observations and Interviews:

During the tour, there was no evidence of recent substantial modifications of the facility or the electronic monitoring systems. In interviews with the Agency Head and PREA Coordinator, agency wide modifications and upgrades have been accomplished or are in process at other facilities. PREA compliance and the protection of confinees from sexual abuse are and will be a primary focus of these upgrades to include electronic monitoring.

Finding: (Compliant)

The facility has not designed or acquired any new facility or planned any substantial expansion or modification of existing facilities or installed or upgraded electronic monitoring systems in recent history.

The facility does have an open request for replacing and upgrading the camera system, which is needed for PREA compliance.

Based on the above information, the facility is compliant with this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentially or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

5.8. Support Services for Victims of Sexual Abuse [C.F.R. 115.21(d) (e) and (b), AFI 31-105, para 2.5.1.1.1.]:

5.8.1. Victim Advocate:

5.8.1.1. Following sexual crime protocol, the investigating agency provides confinee with access as appropriate to a forensic medical examination preformed, where possible, by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE), as part of evidence gathering. If SAFE or SANE examinations are not possible, then document the effort and

obtain other qualified medical practitioner(s) for evidence gathering.

5.8.1.2. Ensure sexual abuse, rape crisis victim advocate and/or mental health care access options, as appropriate, are made readily available and that support protocols are followed. Sexual abuse victims are informed by the facility of the result of the investigation either; substantiated, unsubstantiated, or unfounded and document all notifications in the CTF.

5.9. Investigation of Incidents [C.F.R. 115.21(a)(b)(c)(f) and(b) , 115.22, 115.71, 115.72,115.73]:

5.9.1. The CF ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The DFC reports all allegations of sexual abuse or sexual harassment associated with the confinement facility to AFOSI.

5.9.2. Sexual assault or sexual harassment allegations are referred for criminal investigation to AFOSI or another criminal investigative agency as AFOSI determines and are not considered administrative investigations. The facility requests relevant information from AFOSI in order to inform the confinee of the investigation outcome.

5.9.3. If a staff member is the accused, (unless the allegation is unfounded) the facility informs the accuser when; the staff member is no longer posted in the confinement facility and/or a charge is made against the staff member relative to this sexual abuse allegation and documents all notifications in the CTF.

5.9.4. If another confinee is the accused, the facility informs the accuser when the accused has been charged and results of the trial relative to this sexual abuse allegation.

The facility's obligation to report this information under PREA terminates if the accused is transferred/released from the facility.

Observations and Interviews:

The OSI Investigator was interviewed was very knowledgeable of sexual assault investigative techniques and protocols which is provided in the specialized training all OSI investigators are required to complete. As this standard addresses usable physical evidence collection, OSI actions would meet the standard. OSI may refer the case back for administrative investigation, but only after the physical evidence had been collected. It was noted in the interview that only criminal and some staff involved sexual abuse cases are investigated by the Office of Special Investigations. Others are referred back to the base or squadron commander for administrative investigation. This was confirmed through interviews with the PREA Coordinator and the Confinement Officer. In an interview with the SAPRO representative, SAPRO does have and MOU with University Hospital in Las Vegas for SANE/SAFE. SAPRO also provides victim advocacy, mental health referrals, counselling for victims, emotional support, crisis intervention, etc...

Finding: (compliant)

Policy and interviews indicate the agency does use a universal evidence protocol, but only for OSI investigations. Collection of usable physical evidence would be accomplished prior to a case being referred to an administrative investigation.

No youthful detainees have been housed at Nellis.

The SAPR office is the primary point of contact for all sexual abuse incidents involving Air Force personnel. Staff from this office are available to respond 24 hours a day, 7 days a week. These staff provide SAFE/SANE through an MOU with a local hospital and victim advocate services.

During the interview with the PREA Compliance Manager, the auditor confirmed victim advocate services would be provided by the SAPR office; which is located on the military base and is under the organizational branch of the Department of Defense. No MOU is required as the SAPRO is available to all military personnel, including detainees. SAPRO does have an MOU with a local hospital to perform SAFE/SANE.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

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

Instructions for Overall Compliance Determination Narrative

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Policy: 99 SFS OI 31-105

5.9. Investigation of Incidents [C.F.R. 115.21(a)(b)(c)(f) and(b) , 115.22, 115.71, 115.72,115.73]:

5.9.1. The CF ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The DFC reports all allegations of sexual abuse or sexual harassment associated with the confinement facility to AFOSI.

5.9.2. Sexual assault or sexual harassment allegations are referred for criminal investigation to AFOSI or another criminal investigative agency as AFOSI determines and are not considered administrative investigations. The facility requests relevant information from AFOSI in order to inform the confinee of the investigation outcome.

5.9.3. If a staff member is the accused, (unless the allegation is unfounded) the facility informs the accuser when; the staff member is no longer posted in the confinement facility and/or a charge is made against the staff member relative to this sexual abuse allegation and documents all notifications in the CTF.

5.9.4. If another confinee is the accused, the facility informs the accuser when the accused has been charged and results of the trial relative to this sexual abuse allegation. The facility's obligation to report this information under PREA terminates if the accused is transferred/released from the facility.

Observations and Interviews:

Interviews with the PREA Coordinator, Confinement Officer and PREA Manager indicate all cases are referred to the AFOSI. OSI determines the appropriate investigative unit. If OSI determines the case is to be referred for administrative investigation, it is referred to the unit commander who will assign the appropriate investigator.

Policy requires all cases are to be investigated, although the facility has had no cases.

All cases are referred to the AFOSI who does have the legal authority to investigate criminal cases. Public notice of responsible investigative unit is available on the website <http://www.af.mil/SAPR/SAPR> and describes the process.

An administrative investigative person, having sufficient training and qualifications to perform investigations, could not be identified, either in writing or by those interviewed.

Commented [D1]:

Findings: (compliant)

The facility is compliant based on the above information. However, the auditor has the following concern.

The facility has had no cases in the last 12 months. While the facility is compliant with standard 115.22, they do not have an identified administrative investigator. With this, should an incident occur, who would be assigned and how is it determined the investigator(s) are properly trained and qualified to perform the investigation? Currently, the commander would assign an investigator should an incident occur. This auditor recommends identifying qualified administrative investigators and ensure appropriate training is received.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☐ Yes ☒ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and other documentation:

99 SFS OI 31-105

6.1. Employee Training:

6.1.1. 99 SFS ensures all staff members who have contact with confinees are trained on:

6.1.1.1. Its zero-tolerance policy for sexual abuse, sexual harassment and retaliation

6.1.1.2. How to fulfill their responsibilities regarding prevention, detection, reporting, and response to sexual abuse and sexual harassment

6.1.1.3. Confinees' right to be free from sexual abuse and sexual harassment

6.1.1.4. The right of confinees and employees to be free from retaliation for reporting sexual abuse and sexual harassment

6.1.1.5. The dynamics of sexual abuse and sexual harassment in confinement

6.1.1.6. The common reactions of sexual abuse and sexual harassment victims

6.1.1.7. How to detect and respond to signs of threatened and actual sexual abuse

6.1.1.8. How to avoid inappropriate relationships with confinees

6.1.1.9. How to communicate effectively and professionally with confinees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming confinees

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

6.1.2. Confinement staff should be trained in how to conduct cross-gender pat-down searches and how to conduct searches of transgender and intersex confinees in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.

6.1.3. Training shall be tailored to both gender of the confinees as most AF level I facilities are capable of housing either male or female confinees.

6.1.4. All current employees are to receive this training and the Confinement NCOIC ensures refresher training is completed every two years to ensure that all staff know the agency's current sexual abuse and sexual harassment policies and procedures.

6.1.5. The CF documents and tracks the training through signature on the PREA Staff Training Acknowledgement and Receipt document located on the SF SMARTnet under the Correction & Confinement PREA tab.

6.1.5.1. The Air Force Office of Special Investigations (AFOSI) is designated as the investigative agency for sexual assault or sexual harassment allegations in the Air Force and the CF is not required to maintain documentation of their specialized training.

6.1.5.2. Air Force Level I facilities do not have full or part-time medical and mental health care practitioners who work regularly in its facilities and are exempt from completing specialized training requirements for PREA. These services are conducted by the local military treatment facility or local medical facilities.

Other documentation: AF Level One Corrections PREA training slide presentation was provided to the auditor. The presentation covers all elements of 115.31(a).

Auditor reviewed forms entitled "PREA Staff Training Acknowledgement and Receipt". All forms reviewed were completed within the last 12 months. Most confinement staff are not assigned for more than 2 years.

Observations and Interviews: Interviews with staff indicate all have received the above training and were knowledgeable of the elements as noted in the standard. In interviews with the PREA Manager and Confinement Officer, no staff have transferred from other confinement facilities to Nellis. Policy states training will be tailored to both male and female detainees although no females have been housed at the facility.

Findings: (compliant)

Based on the above policy and interviews, the facility is compliant with this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

Policy: No policy is applicable as the facility does not use contractors or volunteers within the confinement facility.

Observations and Interviews: Interviews with PREA Manager and confinement staff confirm no contractors or volunteers have been within the confines of the facility. Medical and mental health is provided off site and not subject to the standard as the confinees are under direct observation by confinement staff when transported for appointments or treatment.

Finding: (compliant)
The facility is compliant with this standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 99 SFS OI 31-105

6.2. Confinee Orientation and Education [C.F.R. 115.33, AFI 31-105 para 2.9.]:

6.2.1. During the intake process, confinees receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

6.2.2. Within 72 hours of intake, the unit provides comprehensive education to confinees either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and the CF's policies and procedures for responding to such incidents

6.2.3. Current confinees are to receive education upon transfer from a different facility to the extent that the policies and procedures of the confinee's new facility differ from those of the previous facility.

6.2.4. The CF documents and tracks the training through signature on the PREA Confinee Training Acknowledgement and Receipt document located on the SF SMARTnet under the Correction & Confinement PREA tab.

6.2.5. In addition to providing such education, the CF ensures that key information is continuously and readily available or visible to confinees through posters, confinee handbooks, or other written formats.

Other documentation: Auditor reviewed the education document to include a PREA education video all detainees are required to view. Auditor also reviewed the "Confinee Acknowledgement Form" signed by all confinees.

Observations and Interviews: Interviews with intake staff and the PREA Manager indicate the above policy is adhered to well. All confinees receive information on zero tolerance policies and how to report incidents. Comprehensive education is completed the same day or within 72 hours. There are no confinees who have been here for more than 180 days and none have been transferred from or to another facility. There have been no LEP confinees or otherwise disabled confinees requiring a format other than standard orientation. This would be accomplished on a case by case basis using third party interpreters. Interviews with confinees indicate they have received education and do have materials available, at all times, in brochures and handbooks and the confinees showed the auditor the posters on the wall. Confinees also described the comprehensive education regarding their rights to be free from sexual abuse and harassment and retaliation for reporting. All confinees stated they received this education within the first 24 to 48 hours of intake.

Findings: (compliant)

Based on the information listed above, the confinees' knowledge of PREA, the video and other training and the availability of other information, the timeliness of comprehensive education, etc..., the facility meets this standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

6.1.5.1. The Air Force Office of Special Investigations (AFOSI) is designated as the investigative agency for sexual assault or sexual harassment allegations in the Air Force and the CF is not required to maintain documentation of their specialized training.

Interviews:

An interview with an OSI investigator indicates he and his counterparts in the OSI do receive the appropriate sexual abuse training. He was knowledgeable on interviewing victims, proper use of Miranda and Garrity and UCMJ standards, evidence collection and the level of evidence needed for both administrative findings and criminal prosecution referral.

Finding: (compliant)

While the criminal investigative element of this standard has been met with an outside agency investigating criminal cases, the administrative elements are not met with no indication or who would investigate, their level of training and knowledge and documentation of training.

Corrective Action:

The facility needs to provide documentation that its administrative case investigators have received training in conducting sexual abuse and sexual harassment investigations in confinement settings, techniques for interviewing sexual abuse victims and the criteria and evidence required to substantiate a case for administrative action.

Action taken: Nellis AFB provided documentation from AF171-101V1 reflecting all sexual abuse allegations, as defined by 115.6, would be conducted by AFOSI, whether criminal or administrative. Compliance attained

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☐ Yes ☒ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☐ Yes ☒ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☐ Yes ☒ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☐ Yes ☒ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☐ Yes ☒ No

115.35 (d)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Finding: (compliant)

Air Force Level I facilities do not have full or part-time medical and mental health care practitioners who work regularly in its facilities and are exempt from completing specialized training requirements for PREA as defined in PREA Resource Center FAQs. All medical and mental health is referred to the local military medical facilities.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 34-105

4.8. Screening of Confinées [C.F.R.115.41, AFI 31-105 para 3.1.3.1.]:

4.8.1. Screening for Risk of Victimization and Abusiveness:

4.8.1.1. Within 72-hours of in-processing, screen the confinee using the "Risk Survey for Confinée Victimization and Abusiveness" which is located on the secure SF SMARTnet under the Air Force Confinement and Corrections Directorate tab. This survey is meant to assist in determining potential risk "to become" a victim or "to become" an abuser. Screen (personally ask) the confinee using the questionnaire located on the website (Accessing the questionnaire each time from the website ensures PREA screening questions are current with legal requirements). Take no disciplinary action for failure to cooperate with the assessment, specifically questions involving; sexual orientation, self-identified gender, previous sexual victim, or their perception of vulnerability. When necessary for staff assessment, obtain other screening answers by researching personnel records and/or criminal records, and by mere observation (e.g., size, body build, etc.).

4.8.1.2. If the staff determines the confinee has; 1) experienced prior sexual victimization in a previous confinement facility, or in an institution or in the community or, 2) has previously perpetrated sexual abuse in a previous confinement facility, or in an institution or in the community then offer to schedule a follow up meeting (to occur within 14 days of the initial screening) with a medical or mental health practitioner. Place the screening document and note the acceptance/declination of the offer in the Correctional Treatment File (CTF). Subsequently, include in the CTF the medical or mental health practitioner recommendations relative to treatment plans, management decisions for housing, and work outlets programs.

4.8.1.3. If sexual victimization in the community was not self-identified in the at-risk screening but, discovered by the medical or mental health practitioner, they must seek informed consent from the confinee, if over 18 years of age, for the release of that information to the confinement staff.

4.8.1.4. When the staff believes the confinee has adjusted to placement in a confined setting, using the same questions and methods, conduct the screening again however, do not exceed 30 days from in-processing. Reassess as necessary, when additional information is received or an abusive or victimization situation occurs or is believed possible. Place the screening document in the CTF.

4.8.1.5. The goal is to make decisions to keep potential victims from potential abusers. The Confinement NCOIC makes individual determinations on the best manner to ensure safety for those at risk concerning housing, work outlets, etc. Conversely, do

not use this information to separate groups of individuals (where no risk of harm or abuse exists) based solely on sexual orientation or self-identified gender unless under a legal order.

Other Documents: "Risk Survey for Confiner Victimization and Abusiveness" which is used for the initial and the 30 day follow up assessment. Auditor determined the form is an objective screening tool using a numerical rating system for victimization risk and risk of abusiveness. Elements of standard 115.41, 1 through 9 are covered on the form. Element 10 is not applicable as Nellis AFB does not house detainees solely for civil immigration purposes. The survey does include consideration for prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

Observations and Interviews: Intake staff state all confinerees are assessed, at the time of arrival during intake, using the "Risk Survey for Confiner Victimization and Abusiveness". Intake staff are the staff responsible for risk assessment. Staff indicate the initial survey is completed the day of arrival or, at the latest, the next day. A re-assessment survey, using the same document is completed within a 30 day period. A re-assessment would be completed when warranted due to a referral, request, incident of sexual abuse or receipt of additional or new information. When questioned, staff stated confinerees are not disciplined for refusing to answer or for not disclosing complete information. All staff stated the only persons having access to the detainee file, where the assessments are kept are the confinement staff, most of whom do the risk assessments.

Finding: (compliant)

The facility is compliant with this standard based on the above documentation and interviews.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy: 99 SFS OI 31-105

4.8.1. Screening for Risk of Victimization and Abusiveness:

4.8.1.2. If the staff determines the confinee has; 1) experienced prior sexual victimization in a previous confinement facility, or in an institution or in the community or, 2) has previously perpetrated sexual abuse in a previous confinement facility, or in an institution or in the community then offer to schedule a follow up meeting (to occur within 14 days of the initial screening) with a medical or mental health practitioner. Place the screening document and note the acceptance/declination of the offer in the Correctional Treatment File (CTF). Subsequently, include in the CTF the medical or mental health practitioner recommendations relative to treatment plans, management decisions for housing, and work outlets programs.

4.8.1.3. If sexual victimization in the community was not self-identified in the at-risk screening but, discovered by the medical or mental health practitioner, they must seek informed consent from the confinee, if over 18 years of age, for the release of that information to the confinement staff.

4.8.1.4. When the staff believes the confinee has adjusted to placement in a confined setting, using the same questions and methods, conduct the screening again however,

do not exceed 30 days from in-processing. Reassess as necessary, when additional information is received or an abusive or victimization situation occurs or is believed possible. Place the screening document in the CTF.

4.8.1.5. The goal is to make decisions to keep potential victims from potential abusers. The Confinement NCOIC makes individual determinations on the best manner to ensure safety for those at risk concerning housing, work outlets, etc. Conversely, do not use this information to separate groups of individuals (where no risk of harm or abuse exists) based solely on sexual orientation or self-identified gender unless under a legal order.

Also noted in policy: *NOTE: Smaller Air Force Level I facilities with limited housing options must consider where confinees who may be at high risk for sexual abuse can be housed. In the absence of dedicated wings or a unit for high-risk confinees, small facilities can consider separating or segregating likely abusers, rather than likely victims.*

Observations and Interviews: In interviews with staff responsible for risk assessments, staff indicate a rating of 3 or above for risk of victimization or abusiveness on the risk survey results in the detainee's case being referred to the NCOIC of confinement for determination of housing placement out of concern for the confinee's or other confinees' safety. The PREA Manager, NCOIC of confinement and Confinement Officer all stated that each detainee's safety is determined on a case by case basis. The risk survey is one tool in that process. Although the facility as had no identified LGBTI confinees, each of those would be placed in appropriate housing and programs on a case by case basis and would include the confinee's own views of their own safety. The PREA Manager stated transgender or intersex confinees would be re-assessed at least every six months if the facility house any or if they were assigned for six months or more, which has never happened. The PREA Manager and Confinement Officer states the facility is not under any form of consent decree, legal settlement or legal judgement and would not house LGBTI separate from other confinees unless it was determined there was no other way of ensuring the confinee's safety. During the tour the auditor determined transgender/intersex confinees would have the opportunity to shower separately from other confinees as the showers are individual showers with privacy curtains.

There were no LGBTI confinees present to interview.

Finding: (compliant) The facility is compliant with this standard based on the above information. The facility has not housed any identified LGBTI confinees within the last 12 months and beyond.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?
☒ Yes ☐ No

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy: 99 SFS OI 31-105

4.9.3. Protective Custody [C.F.R.115.43, AFI 31-105 para 5.5.5.]:

4.9.3.5. Confinées at high risk for sexual victimization are not placed in involuntary segregated housing unless the CF has assessed all available alternatives and has determined that there is no available alternative means of separation from likely abusers.

4.9.3.6. If the facility restricts access to programs, privileges, education, or work opportunities, it documents in the blotter the opportunities that have been limited, the duration of the limitation, and reasons for such limitations.

4.9.3.7. If an involuntary segregated housing assignment is made pursuant to this section, the facility clearly documents the basis for the facility's concern for the confinee's safety and the reason why no alternative means of separation can be arranged.

4.9.3.8. The facility assigns such confinees to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Such an assignment shall not ordinarily exceed a period of 30 days.

4.9.3.9. Every 30 days, the facility affords each such confinee a review to determine whether there is a continuing need for separation from the general population.

NOTE: Smaller Air Force Level I facilities with limited housing options must consider where confinees who may be at high risk for sexual abuse can be housed. In the absence of dedicated wings or a unit for high-risk confinees, small facilities can consider separating or segregating likely abusers, rather than likely victims.

Observations and Interviews: The facility has policy prohibiting the involuntary placement of confinees in segregated housing unless no alternative is available. All confinees are initially placed in segregated cells for 72 hours upon arrival to the facility for assessment, orientation, detox, etc... In interviewing staff who supervise segregation and the PREA Manager, the facility has not housed a confinee in involuntary segregation due to high risk of sexual victimization or abusiveness. If they had, policy dictates programs, education, privileges, etc.. available to other confinees would not be restricted in any way. All confinees placed in segregated cells are reviewed at least weekly to determine if continued placement is necessary.

Finding: (compliant)

Based on the interviews and policy as written, the facility is compliant with this standard. The facility has not had a confinees held in involuntary segregation due to being at high risk of sexual victimization or abusiveness.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy: 99 SFS OI 31-105

5. RESPONDING TO REPORTS OF SEXUAL ABUSE AND SEXUAL HARASSMENT (C.F.R. 115.51, AFI 31-105 para 2.5.1.2.1.]. To respond to reported incidents of sexual abuse, the 99 SFS have adopted and implemented the following procedures:

5.1. Procedures for Reporting Sexual Abuse and Sexual Harassment:

5.1.1. Confinee Reporting. The CF provides multiple internal ways for confinees to privately report incidents of; sexual abuse and sexual harassment, retaliation by other confinees or staff and staff neglect that may have contributed to such incidents. Private reporting for sexual abuse and sexual harassment, retaliation by other confines/staff personnel:

5.1.1.1. Confinees may fill out the Third Party Reporting form, then place the report inside one of the two (2) lock boxes which are located inside the CF and visitation room. The PREA Compliance Manager has sole access to the drop boxes

5.1.1.2. Confinées may fill out a DD Form 510 requesting to speak with the

5.1.1.3. Confinement Staff or an outside agency.

5.1.1.4. Confinées may consult with the squadron member who conducts Unannounced Visits.

5.1.2. In addition, the CF also provides at least one way for confinées to report incidents of abuse externally; sexual abuse, harassment, retaliation, and staff neglect reports will be received by the Compliance Manager and immediately forward confinee reports of sexual abuse and sexual harassment to agency officials, allowing the confinee to remain anonymous upon request. Confinées may report concerns by using the brochure that is located inside the Confinee Rule Book guidance. Also confinées may make a call using a non-recorded/monitored phone to contact any of the following agencies:

5.1.1.1. Area Defense Council, ADC (702-652-4034).

5.1.1.2. DoD Safe Helpline (1-877-995-5247).

5.1.1.3. Medical (702-653-2273).

5.1.1.4. Mental Health (702-653-3880).

5.1.1.5. Installation Chaplain (702-652-2950).

5.1.1.6. Sexual Assault Prevention and Response Office, SAPRO (702-652-7272).

5.1.2. Staff accepts reports made verbally, in writing, and anonymously. Staff promptly documents any verbal reports.

Other documentation: Auditor reviewed the detainee PREA brochure and the detainee handbook, both of which contain the appropriate reporting methods.

The confinement rule book given to all detainees during initial orientation states, in part:

13.5. Confinee Reporting.

13.5.1. Restricted Reporting. To privately report sexual abuse and sexual harassment, retaliation by other inmate or staff for reporting sexual abuse or sexual harassment, and staff neglect that may have contributed to such incidents. Inmates may report concerns by:

13.5.1.1. If a Confinee would like to report sexual abuse and sexual harassment they may request via DD Form 510 or contact the Confinement staff to talk to their installation SAPRO, the DoD Safe Helpline (1-877-995-5247), installation Chaplain and etc.

13.5.1.2. There are report forms located inside the confinement facility and inside the visitation room. Fill out a report and drop it into one of the two drop boxes located in the Confinement Facility or the visitation room. The PREA Compliance manager is the only one that has access to the drop boxes.

13.5.2. Unrestricted Reporting. To report abuse, harassment, retaliation, and staff neglect to a public or private entity that is not part of the agency and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates may report concerns by:

13.5.2.1. If a Confinee would like to report abuse to an outside agency they may request to do so via DD Form 510 or contact the Confinement Staff to talk to their installation SAPRO, the DoD Safe Helpline (1-877-

995-5247), installation Chaplain and ADC. Inmates may use the phone located inside the visitation room to consult with outside agencies in private.

Observations and Interviews:

Auditor viewed posters indicating a phone number for the DoD Safe Helpline. The confinee PREA Brochure lists the other above listed phone numbers. There are "third party" reporting forms in distribution boxes in the confinement area and in the phone room area. Copies of the PREA brochure were also in this room. PREA drop boxes are located in both areas.

In interviews with confinees, they were aware of the brochure and the PREA drop box with reporting forms on the wall with the drop boxes in the confinement area and in the privately used phone room. Confinees indicated they could report privately using the phone numbers or the drop boxes and knew they could do so anonymously.

In interviews with staff including the PREA Manager, the above numbers are for all military personnel, including the confinees. Confinement staff can privately report using the same phone numbers listed above. Staff stated that third party reports would be treated the same as any report and all reports would be documented immediately with verbal notification to the NCOIC of confinement or higher authority if necessary.

Finding: (compliant)

Based on the above information, the facility is compliant with the elements of this standard. Further confinee education and staff training is recommended on third party reporting to a relative, friend, etc...

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 99 SFS OI 31-105

5.2. Confiner Grievances [C.F.R. 115.52, AFI 31-105 para 2.5.1.1.,2.5.1.2.2.]:

5.2.1. The CF shall not impose a time limit on when a confinee may submit a grievance regarding an allegation of sexual abuse.

5.2.2. The CF shall not require a confinee to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

5.2.3. The CF ensures that a confinee who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.

5.2.4. IAW 28 CFR Part 115.52 (d)(1), the CF issues a final 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 confinees in preparing any administrative appeal.

5.2.5. IAW 28 CFR Part 115.52 (d) (3), the CF may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The CF notifies the confinee in writing of any such extension and provide a date by which a decision shall be made.

5.2.6. At any level of the administrative process, including the final level, if the confinee does not receive a response within the time allotted for reply, including any properly noticed extension, the confinee may consider the absence of a response to be a denial at that level.

5.2.7. Through a Discipline and Adjustments Board, the DFC may discipline the petitioner for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the confinee filed the grievance in bad faith.

5.3. Staff Reporting Rules [C.F.R. Part 115.51(d) and §115.61, AFI 31-105 para 2.5.1.2.]:

5.3.1. Any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against confinees or staff who reported such an incident; and any staff neglect that may have contributed to such incident or retaliation, immediately reports such incident or retaliation using the chain of command.

5.3.2. Apart from reporting to designated supervisors or officials, staff cannot reveal any information related to a sexual abuse report to anyone except officials with the need to know.

5.4. Rules for Third Parties to Report Abuse and to Assist Confinees with Grievances [C.F.R. 115.51(c),115.52 (e), and 115.54, AFI 31-105 para 2.5.1.2.1.]

5.4.1. CF establishes a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a confinee.

5.4.2. Staff shall accept reports made verbally, in writing, and anonymously from third parties and promptly documents any verbal reports. There are SFS PREA Brochures located in both the Confinement Facility and the visitation room. There will also be a third party report form located in the visitation room.

5.4.3. Third parties, including fellow confinees, staff members, family members, attorneys, and outside advocates, are permitted to assist confinees in filing requests for administrative

remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of confinees.

5.4.4. If a third party files such a request on behalf of a confinee, the CF facility may require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the confinee declines to have the request processed on their behalf, the CF documents the confinee's decision.

4.9. Protection of Confinees Facing Substantial Risk [C.F.R. 115.62, AFI 31-105 para 2.6.2.16.]:

4.9.1. When the CF learns that a confinee is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the confinee by separating the victim and alleged abuser.

4.9.2. After receiving an emergency grievance alleging a confinee is subject to a substantial risk of imminent sexual abuse, CF shall:

4.9.2.1. Immediately forward the grievance (or any portion of it that alleges the substantial risk of imminent sexual abuse) to DFC, Confinement Officer, AFSFC PREA Coordinator, and the unit PREA Compliance Manager for review and immediate corrective action.

4.9.2.2. The CF will provide an initial response within 48 hours to confinees who allege to be at substantial risk of imminent sexual abuse.

4.9.2.3. The CF will issue a final decision within five (5) calendar days to confinee.

4.9.2.4. The initial response and final decision needs to document determination of whether the confinee is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Observations and interviews: The facility has had no grievances or emergency grievances filed in relation to sexual abuse, harassment or misconduct.

Finding: (compliant)

Policy is in place to address each element of the standard should this occur. However, the auditor could find no documentation in place to address how detainees are informed of the grievance process.

Corrective action: Facility needs to provide documentation of the method of informing detainees of the grievance process.

Action taken. Nellis AFB provided DD Form 510, Prisoner Request. This form serves as a request for interview or communications as well as a formal grievance form with a check box specifically for "GRIEVANCE". The Nellis AFB Confinement Facility Rule Book states:

Confinee Reporting.

Restricted Reporting. To privately report sexual abuse and sexual harassment, retaliation by other inmate or staff for reporting sexual abuse or sexual harassment, and staff neglect that may have contributed to such incidents. Inmates may report concerns by:

If a Confinée would like to report sexual abuse and sexual harassment they may request via DD Form 510 or contact the Confinement staff to talk to their installation SAPRO, the DoD Safe Helpline (1-877-995-5247), installation Chaplain and etc. Listed below are mailing addresses for each agency:
SAPRO: 4311 Carswell Ave., Bldg. 340, Suite 400, Nellis AFB, NV 89191
Chaplain: 4302 N. Washington Blvd., Nellis AFB, NV 89191
Mental Health: 4700 Las Vegas Blvd., Bldg. 1300 Nellis AFB, NV 89191

There are report forms located inside the confinement facility and inside the visitation room. Fill out a report and drop it into one of the two drop boxes located in the Confinement Facility or the visitation room. The PREA Compliance manager is the only one that has access to the drop boxes.

Unrestricted Reporting. To report abuse, harassment, retaliation, and staff neglect to a public or private entity that is not part of the agency and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates may report concerns by:

13.5.2.1. If a Confinée would like to report abuse to an outside agency they may request to do so via DD Form 510 or contact the Confinement Staff to talk to their installation SAPRO, the DoD Safe Helpline (1-877-995-5247), installation Chaplain and ADC. Inmates may use the phone located inside the visitation room to consult with outside agencies in private.

Compliance attained

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☐ Yes ☒ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

5.1.1.2. In addition, the CF also provides at least one way for confinees to report incidents of abuse externally; sexual abuse, harassment, retaliation, and staff neglect reports will be received by the Compliance Manager and immediately forward confinee reports of sexual abuse and sexual harassment to agency officials, allowing the confinee to remain anonymous upon request. Confinees may report concerns by using the brochure that is located inside the Confinement Rule Book guidance. Also confinees may make a call using a non-recorded/monitored phone to contact any of the following agencies:

5.1.1.1. Area Defense Council, ADC (702-652-4034).

5.1.1.2. DoD Safe Helpline (1-877-995-5247).

5.1.1.3. Medical (702-653-2273).

5.1.1.4. Mental Health (702-653-3880).

5.1.1.5. Installation Chaplain (702-652-2950).

5.1.1.6. Sexual Assault Prevention and Response Office, SAPRO (702-652-7272).

Other documentation: From the confinement PREA Brochure given to all detainees and available in the confinement facility.

IF YOU ARE ABUSED

Support services are available from your local Sexual Assault Response Coordinator and can be reached at (877) 995-5247. Use this link to find your local SARC # by zip code: (<https://safehelpline.org/search.cfm>)

Observations and interviews: Policy covers reporting incidents. While SAPRO does provide emotional support services, the confinees need to have this specific information accessible to them to include phone number and an address to SAPRO or another organization that provides emotional support services. Documentation also needs to address that confinees are informed of mandatory reporting requirements governing privacy, confidentiality including any limitations to the confidentiality under relevant laws. The facility houses no confinees solely for immigration purposes. Confinees interviewed were aware they could contact SAPRO, mental health or Chaplain for counseling services due to this being a military wide service, but not specifically for them as confinees. Phone privileges are in a private setting for private conversations with services.

Finding: (compliant) Due to the above observations, the facility is not compliant as there are no address for outside advocates for emotional support services. Rule of confidentiality and limitations to confidentiality could not be found.

Corrective action: The facility needs to produce posters, a brochure, add to confinement rule book, or otherwise notify confinees of access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, and the confidentiality rules and limitations to these services as outlined in standard 115.53.

Policy needs to address this as well.

Action taken: Nellis AFB provided an updated posting that provides the names, phone numbers and addresses for Sexual Abuse Preventions and Reporting Office (SAPRO), the Chaplain's Office and on base mental Health. All three offices would provide emotional services with SAPRO also providing victim advocacy. The same information is provided on the "Third Party Reporting Incident Report Form" which is provided throughout the confinement facility including the housing units and the visiting room. The same information is also in the confinement rule book as noted in 115.52 above.

Compliance attained

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

5.1. Procedures for Reporting Sexual Abuse and Sexual Harassment:

5.1.1. Confinee Reporting. The CF provides multiple internal ways for confinees to privately report incidents of; sexual abuse and sexual harassment, retaliation by other confinees or staff and staff neglect that may have contributed to such incidents. Private reporting for sexual abuse and sexual harassment, retaliation by other confines/staff personnel:

5.1.1.1. Confinees may fill out the Third Party Reporting form, then place the report inside one of the two (2) lock boxes which are located inside the CF and visitation room. The PREA Compliance Manager has sole access to the drop boxes.

5.4. Rules for Third Parties to Report Abuse and to Assist Confinees with Grievances [C.F.R. 115.51(c), 115.52 (e), and 115.54, AFI 31-105 para 2.5.1.2.1.]

5.4.1. CF establishes a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly.

Observations and Interviews: The above policy allows confinees to submit a third party reporting form that is retrieved by the PREA Manager regularly. The third party reporting forms are also available to visitors in the visiting room. A review of the website provided the below snap shot. Detainees knew they could use the "third party" reporting forms and could tell family and friends for a third party to report.

Other documentation: From the Air Force PREA Annual Reporting website: (a public accessible website)

Third Party Reporting For Air Force Confinement Facilities

You may submit sexual abuse incident information in any of the following ways:

- EMAIL: afsfc.sfcv.1@us.af.mil

- MAILING ADDRESS: Air Force Security Forces Center/FC (PREA Coordinator), 1517 Billy Mitchell Blvd, Bldg. 954, JBSA Lackland, TX 78236
- Department of Defense Safe Helpline **1-877-995-5247**
- Security Forces Center Operations Center **1-877-273-3098**

(Please include as much information as possible such as: Name of Confinement Facility of incident, Name of victim(s), witnesses, perpetrators, date/time of incident, and any additional details.)

Finding: (compliant)

With the above information, the auditor determined the facility to be compliant with this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

5.3. Staff Reporting Rules [C.F.R. Part 115.51(d) and §115.61, AFI 31-105 para 2.5.1.2.]:

5.3.1. Any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against confinees or staff who reported such an incident; and any staff neglect that may have contributed to such incident or retaliation, immediately reports such incident or retaliation using the chain of command.

5.3.2. Apart from reporting to designated supervisors or officials, staff cannot reveal any information related to a sexual abuse report to anyone except officials with the need to know.

Observations and interviews: Interviews with staff indicate they have all received training on requirements to report and all knew how to report. All indicated they would report to the NCOIC or confinement or PREA Manager. If needed they stated they could and would report directly to the Confinement Officer. All stated they knew they could only discuss with relevant staff such as confinement supervisors or the assigned investigator. All incidents are referred to AFOSI who determines who will investigate and refer appropriately.

Finding: (compliant)

Based on established policy, interviews with staff, including the PREA Manager and an OSI investigator, and observations made during the on-site visit the auditor determines the agency and facility meets the standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

4.9. Protection of Confinees Facing Substantial Risk [C.F.R. 115.62, AFI 31-105 para 2.6.2.16.];

4.9.1. When the CF learns that a confinee is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the confinee by separating the victim and alleged abuser.

Observations and interviews: Random staff interviews—all staff stated they would separate the potential victim and report to the NCOIC or PREA Manager. The PREA Manager and NCOIC both stated they would review the case and refer to OSI if warranted, move the potential victim or the reported potential perpetrator to ensure the two are not housed together or in any other way have contact. The Confinement Officer stated, the offender would be separated, and the report would be investigated. If warranted, one or both detainees would be moved to ensure separation. The facility has had no reports of detainees being at risk for imminent sexual assault.

Findings: (compliant)

The facility has good policy on this standard as noted above. Staff were knowledgeable on their responsibilities and how to ensure protection and reporting to higher authorities for followup.

Standard 115.63: Reporting to other confinement facilities**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.63 (a)**

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

5.12. Notifying Other Confinement Agencies [C.F.R. 115.63, AFI 31-105 para 2.6.2.16.]:

5.12.1. Upon the CF receiving an allegation that a confinee was sexually abused while confined at another facility, within 72-hours, the DFC will either, 1) notify the head of the other facility of the allegation or, 2) notify the appropriate investigating agency.

5.12.2. In either case, document the notification, as appropriate.) Instruct staff how to assist confinee(s) in gaining access to care and support services.

5.12.3. If staff believes a confinee is subject to a substantial risk of imminent sexual abuse, take immediate action to protect the confinee.

5.12.4. Once staff has reported this to the proper investigating office, they do not disclose, other than to the official extent necessary, any of this information except when necessary to make decisions concerning treatment, investigation and other security and management decisions.

Observations and interviews: The facility has had no incidents of learning of an incident at another facility or being notified of an incident at this facility by another facility. The Confinement Officer, during the interview, was well aware of the requirements of this standard.

Finding: (compliant)

Based on the above information, the auditor determined the facility is compliant with this standard. There have been no report incidents of this nature, but policy covers it well and the Confinement Officer (warden) was well versed on the issue.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

5.6. Immediate Steps after Receiving Report [C.F.R.115.64 and 115.82, AFI 31-105 para 8.10 and 5.7]:

When a confinement staff first-responder learns that a confinee has been sexually abused, immediate action is taken to protect the confinee. The PREA Response Checklist located on the secure SF SMARTnet is initiated immediately. Non-confinement staff first-responders notify staff of sexual abuse allegations. The confinement staff first-responder actions include:

5.6.1. Separate the confinee from the alleged perpetrator.

5.6.2. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.

5.6.3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim-and ensure that the alleged abuser not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

5.6.4. Confinement staff first responders immediately notify AFOSI and the appropriate medical and mental health practitioners.

NOTE: The CF forwards a copy of the PREA Response Checklist promptly upon completion to the AFSFC PREA Coordinator at asfc.sfcv.1@us.afmil.

Other documentation:

99 SFS PREA Sexual Abuse Response Checklist

This checklist addresses all aspects of standard 115.64, duties of first responders. Along with the checklist is instructions for using the checklist. All completed checklists would be forwarded to the agency PREA Coordinator for review.

Observations and interviews: The above checklist is an excellent tool and the agency/facility should be commended for its development.
This facility has not had any reported incidents therefore has not had need to use the checklist.
Interviews with staff indicate they are knowledgeable of their duties as first responders. All were aware of; separate and isolate victim, reported perpetrator(s) and witnesses; protect the scene and evidence, controlling the victim and perpetrators actions to protect evidence and immediate notification to medical/mental health through confinement supervisors. All confinement staff are first responders due to the size of the facility and the size of the workforce. All first responders were aware of and would refer to the checklist.
There is always as security staff with the confinees if non-security staff are present.

Finding: (compliant)
With the combination of established policy, the checklist and staff knowledge of the subject, should an incident occur the facility has the tools to act accordingly.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

5.5. Coordinated Response to Report of an Incident [C.F.R. 115.65, AFI 31-105 para 1.3.13.]:

As a general guide to ensuring that the victim receives the best possible care and that investigators have the best chance of identifying and charging the perpetrator, the CF shall coordinate with the Air Force Office of Special Investigations (AFOSI), medical health staff, victim advocates, and a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE) for the following actions:

- 5.5.3. Offering the presence of a victim advocate or a qualified staff member during the exam
- 5.5.1. Assessing the victim's acute medical needs
- 5.5.2. Explaining the need for a forensic medical exam and offering the victim the option of undergoing one
- 5.5.4. Providing crisis intervention counseling
- 5.5.5. Interviewing the victim and any witnesses
- 5.5.6. Collecting evidence
- 5.5.7. Providing for any special needs the victim may have

Other documentation:

99 SFS PREA Sexual Abuse Response Checklist

This checklist is specific to the facility and identifies all elements of this standard.

Observations and interviews:

The policy and checklist provide for the direction and tools needed should an incident occur. An interview with the Confinement Officer indicates he has good knowledge of the issue and he discussed in detail the different offices and entities involved in the coordinated response to include medical, mental health, OSI, SANE/SAFE, victim advocates, etc....

Finding: (compliant)

The facility has good policy in place and an excellent coordinated response checklist. Again the tools are in place should an incident occur.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This is a military organization who does not enter into collective bargaining agreements.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

5.10. Protection of Confinées from Retaliation [C.F.R. 115.67, AFI 31-105 para 2.6.2.16.]:

5.10.1. 99 SFS policy is to protect all confinées and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other confinées or staff.

5.10.2. The CF employs multiple protection measures, such as housing changes or transfers for confinee victims or abusers, removal of alleged staff or confinee abusers from contact with victims, and emotional support services for confinées or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

5.10.3. For at least 90 days following a report of sexual abuse, the PCM monitors the conduct and treatment of confinées or staff who reported sexual abuse, and of confinées who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by confinées or staff, and acts promptly to remedy any such retaliation. Monitoring may go beyond 90 days if needed. Monitoring includes:

5.10.3.1. Periodic in-person conversations with confinées and/or staff

5.10.3.2. Review of disciplinary incidents involving confinées

5.10.3.3. Review of housing or program changes

5.10.3.4. Review of negative performance reviews or reassignments of staff

5.10.3.5. Periodic in-person conversations with confinées and/or staff

5.10.3.6. Review of disciplinary incidents involving confinées

5.10.3.7. Review of housing or program changes

Observations and interviews:

By policy, the PREA Compliance Manager (PCM) is designated as the staff charged with the monitoring of retaliation for the facility. In interviewing the PCM, SSgt. Williams was knowledgeable of the process although the facility has had no such cases. Captain Matechik, the Confinement Officer (warden) stated, in the interview, if the facility does have a case occur, the agency and facility would take all precautions to ensure the safety of victims and those who report. The person accused of, or found to be, retaliating would be removed from the facility and face discipline if founded. Other possibilities are moving perpetrators, victims or witnesses to other facilities and emotional support services are always available with the Sexual

Assault Prevention and Response Office (SAPRO). Conversations with a SAPRO representative confirm this.

Finding: Based on the information provided that this facility has not had a case requiring retaliation monitoring, the policy in place should it occur, and the knowledge of the responsible parties should it occur, the agency and facility are compliant with this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

In referring to 115.43, the facility has policy prohibiting the involuntary placement of confinees in segregated housing unless no alternative is available. All confinees are initially placed in segregated cells for 72 hours upon arrival to the facility for assessment, orientation, detox, etc...

Interviews: In interviewed staff who supervise segregation and the PREA Manager, the facility has not housed a confinee in involuntary segregation for protective custody due to high risk of sexual victimization. If they had, policy dictates programs, education, privileges, etc.. available to other confinees would not be restricted in any way. All confinees placed in segregated cells are reviewed at least weekly to determine if continued placement is necessary.

Finding: (compliant) Based on the interviews and policy as written, the facility is compliant with this standard. The facility has not had a confinee held in involuntary segregation or protective custody due to being at high risk of sexual victimization.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

5.9. Investigation of Incidents [C.F.R. 115.21(a)(b)(c)(f) and(b) , 115.22, 115.71, 115.72,115.73]:

5.9.1. The CF ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The DFC reports all allegations of sexual abuse or sexual harassment associated with the confinement facility to AFOSI.

5.9.2. Sexual assault or sexual harassment allegations are referred for criminal investigation to AFOSI or another criminal investigative agency as AFOSI determines and are not considered administrative investigations. The facility requests relevant information from AFOSI in order to inform the confinee of the investigation outcome.

5.9.3. If a staff member is the accused, (unless the allegation is unfounded) the facility informs the accuser when; the staff member is no longer posted in the confinement facility and/or a charge is made against the staff member relative to this sexual abuse allegation and documents all notifications in the CTF.

5.9.4. If another confinee is the accused, the facility informs the accuser when the accused has been charged and results of the trial relative to this sexual abuse allegation.

The facility's obligation to report this information under PREA terminates if the accused is transferred/released from the facility.

Observations and interviews:

The facility has had no reported cases within the last 12 months and beyond. All incidents are reported to the AFOSI who determine the best jurisdiction for each case. OSI investigates all criminal and staff involved cases. AFOSI utilizes the evidence collection protocols outlined in AFI 71-124 Crime Scene Manual. Security Forces investigators assigned by the Commander would conduct administrative investigations after OSI declines investigation as not within their venue.

In an interview with an assigned OSI investigator, all reported cases are referred to the OSI who begin an immediate investigation. All investigators are trained in Miranda, Garrity and the Uniform Code of Military Justice (UCMJ) as well as proper techniques for interviewing victims, evidence collection, polygraph requirements, compelled interview requirements, level of evidence requirements for criminal and/or administrative cases, proper referral requirements for prosecution whether it be local law jurisdiction or UCMJ, assessing the credibility of victims, suspects and/or witnesses, proper written reports and other

required documentation, etc... The investigator also stated any case having the appropriate level of evidence would be presented to the appropriate jurisdiction prosecutor for review and a case would remain active even if the reported perpetrator or victim left the facility or this base. The investigator stated the working relationship between the OSI and SFS is a good one and the OSI would keep the Confine Officer and NCOIC informed on any case.

In an interview with the Confinement Officer, there have been no cases reported and investigative reports of packets to look at. Should an incident occur, either he or the PREA Compliance Manager would be the point of contact for the investigation itself. The findings of a case would go to the SFS Commander. The CO indicated they have a good working relationship with OSI and the sharing of relevant information would not be an issue.

Finding: (compliant)

Based on the policy provided and the interviews conducted, the facility is compliant with this standard. The auditor is concerned, if an incident did occur:

Standard 115.72: Evidentiary standard for administrative investigations
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: The quoted policy 99 SFS OI 31-105 does not address the level of evidence requirement.

Observations and Interviews: Interviews with the PREA Compliance Manager, the Confinement Officer and the OSI investigator indicate the level of evidence for a determination of "substantiated" is the preponderance of the evidence.

Finding: (compliant)

While the knowledge is there, there is no documentation provided to support compliance.

Corrective action: The facility/agency needs to provide documentation supporting 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?

Action taken: 99 SFS OI 31-105 (*added*):

5.6. Investigation of Incidents [C.F.R. 115.21(a)(b)(c)(f) and (h) , 115.22, 115.71, 115.72, 115.73]: The CF ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The DFC reports all allegations of sexual abuse or sexual harassment associated with the CF to AFOSI. *Nellis AFB CF does not impose a higher standard than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.*

Compliance attained

Standard 115.73: Reporting to inmates

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

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident

whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

5.8. Support Services for Victims of Sexual Abuse [C.F.R. 115.21(d) (e) and (b), AFI 31-105,

para 2.5.1.1.1.]:

5.8.1.2. Ensure sexual abuse, rape crisis victim advocate and/or mental health care access options, as appropriate, are made readily available and that support protocols are followed. Sexual abuse victims are informed by the facility of the result of the investigation either; substantiated, unsubstantiated, or unfounded and document all notifications in the CTF.

5.9. Investigation of Incidents [C.F.R. 115.21(a)(b)(c)(f) and(b) , 115.22, 115.71, 115.72,115.73]:

5.9.2. Sexual assault or sexual harassment allegations are referred for criminal investigation to AFOSI or another criminal investigative agency as AFOSI determines and are not considered administrative investigations. The facility requests relevant information from AFOSI in order to inform the confinee of the investigation outcome.

5.9.3. If a staff member is the accused, (unless the allegation is unfounded) the facility informs the accuser when; the staff member is no longer posted in the confinement facility and/or a charge is made against the staff member relative to this sexual abuse allegation and documents all notifications in the CTF.

5.9.4. If another confinee is the accused, the facility informs the accuser when the accused has been charged and results of the trial relative to this sexual abuse allegation. The facility's obligation to report this information under PREA terminates if the accused is transferred/released from the facility.

Observations and interviews: The facility has had no cases to refer to and no detainees who had reported sexual abuse to interview. Interviews with the investigator, the PREA Compliance Manager, Confinement Officer and the Confinement NCOIC indicate all are aware of the requirements of this standard and, if a case were to occur, they would follow the above policy and document all notifications.

Finding: (compliant)
Based on the policy and interviews conducted the facility is compliant with the standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

5.11. Sanctions Against Sexual Abusers When Allegations, Are Substantiated
[C.F.R. 115.76, AFI 31-105 para 2.5.2]:

5.11.1. Disciplinary Sanctions for Staff

5.11.1.1. Staff are subject to disciplinary actions for violating Air Force sexual abuse or sexual harassment policies.

5.11.1.2. Disciplinary actions taken for any staff member are IAW Air Force policy, DoD policy, Military Law, the Uniform Code of Military Justice (UCMJ), and Federal Law.

Observations and interviews: A review of the UCMJ, article 120 indicates staff convicted of sexual abuse and/or sexual harassment violations could result in disciplinary action up to and including discharge from the military. Sanctions appear to be commensurate with the seriousness of the violation. These actions are universal for all Air Force personnel, including confinement staff. In interviewing staff, all were aware of Air Force policy, court martials, and UCMJ requirements.

Finding: (compliant)

Based on a review of policy and the UCMJ and the above-mentioned interviews, the facility and agency are compliant with this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Observation and interviews: N/A as this facility has no volunteers who have contact with confinees and no contractors who have contact with detainees. Confinees are removed from any location within the facility where contractors may need to perform work.

Finding: (compliant)

No volunteers or contractors have contact with detainees, therefore the facility is compliant with the standard as corrective actions for volunteers or contractors would not be needed.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

5.11.2. Disciplinary Sanctions for Confinées [C.F.R. 115.78, AFI 31-105 para 9.1]:

5.11.2.1. Confinées are subject to disciplinary actions pursuant to a formal disciplinary process following an administrative finding that the confinee engaged in confinee-on-confinee sexual abuse or following a criminal finding of guilt for confinee-on-confinee sexual abuse.

5.11.2.2. Disciplinary actions taken for any confinee are IAW Air Force policy, DoD policy, military law and the Uniform Code of Military Justice (UCMJ).

AFI 31-105, Chapter 9 outlines the disciplinary process to include:

9.1. Discipline and Adjustment Boards (D&A Bds). D&A Bds are established to recommend to the DFC whether disciplinary action should be taken against a confinee for misconduct, rules violations, or behavioral adjustment problems. The DD Form 2714, Prisoner Disciplinary Report/Action, is used to report confinee infractions of rules and regulations.

9.1.2. The D&A Bd is authorized to recommend and the DFC is authorized to impose one or more disciplinary measures on a confinee under their jurisdiction for misconduct or infraction of regulations,

including: 9.1.2.1. Reprimand or warning. (T-0) 9.1.2.2. Loss of one or more privileges, or restrictions on movement or activities. (T-0) 9.1.2.3. Extra duty. (T-0) 9.1.2.4. Decrease of custody classification. (Change to a more restrictive classification) (T-0) 9.1.2.5. Forfeiture or suspension of earned GCT, earned time (ET) abatement, or special acts abatement (SAA). (T-0) 9.1.2.6. Disciplinary segregation with a recommended time limit. (T-0) 9.1.2.7. Restitution for damages or loss of property belonging to the facility or persons. (T-0) 9.1.3. A suspension period of any disciplinary measure may not exceed 6 months.

U.S. Air Force AFI-105_2.3.2.9.1 states:

"2.3.2.9.1. Confinees cannot consent to sexual acts/contact of any kind with staff members, nor can confinees consent to sexual acts/contact of any kind with another confinee.

Observations and interviews: A review of the UCMJ, article 120 indicates personnel convicted of sexual abuse and/or sexual harassment violations could result in disciplinary action up to and including discharge from the military. Sanctions appear to be commensurate with the seriousness of the violation. These actions are universal for all Air Force personnel, including confinement staff. In interviewing staff, all were aware of AIR Force policy, court martials, and UCMJ requirements.

Interviews with the NCOIC and PREA Compliance Manger confirmed and consolidated the above information. Confinees are subject to disciplinary reviews and sanctions as detainees and/or as Air Force members. "Minor" infractions, not meeting the level of the UCMJ may result in sanctions from the Commander as listed in 9.1.2 above. More serious incidents will fall under UCMJ up to and including discharge from the military. Should an incident occur, and the abuser remains in the military (which is unlikely), he/she would be referred to SAPRO for identification/treatment of underlying causes. The agency/facility prohibits all sexual activity between detainees.

Finding: (compliant)

Based on the above policy and interviews, the facility/agency is compliant with the standard. All Air Force personnel are subject to the UCMJ and detainees are held accountable to rules of the confinement facility. There have been no reported incidents at this facility in the last 12 months.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

4.8. Screening of Confinees [C.F.R.115.41, AFI 31-105 para 3.1.3.1.]:

4.8.1.2. If the staff determines the confinee has; 1) experienced prior sexual victimization in a previous confinement facility, or in an institution or in the community or, 2) has previously perpetrated sexual abuse in a previous confinement facility, or in an institution or in the community then offer to schedule a follow up meeting (to occur within 14 days of the initial screening) with a medical or mental health practitioner. Place the screening document and note the acceptance/declination of the offer in the Correctional Treatment File (CTF). Subsequently, include in the CTF the medical or mental health practitioner recommendations relative to treatment plans, management decisions for housing, and work outlets programs.

Other documentation: Auditor reviewed two memos for one confinee who acknowledged prior sexual victimization in a community setting (prior to joining the military). The confinee also acknowledges he was offered immediate follow-up with medical or mental health providers. One memo was for the initial risk screening and the second for the 30 day re-assessment. Auditor also reviewed the risk assessment survey which covers previous incidents of victimization or abusiveness.

Observations and interviews: Medical/mental health are not on-site and do not participate in the intake process. Staff responsible for risk screening were interviewed and all indicated they were aware of the process. If discovered, each is referred to the PREA Compliance Manager or NCOIC for review. Only confinement staff have access to risk screening documents.

Finding: (compliant)

Based on the above policy and documents reviewed by the auditor and interviews with staff, the facility is compliant with this policy.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy: 99 SFS OI 31-105

5.7. Medical and Mental Health Services:

5.7.1. Confinee 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.

5.7.2. Confinee victims of sexual abuse while incarcerated are offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

5.7.5. Confinee victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests, as medically necessary.

5.7.3. Treatment services are provided to the victim-without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

5.6. Immediate Steps after Receiving Report [C.F.R.115.64 and 115.82, AFI 31-105 para 8.10 and 5.7]:

When a confinement staff first-responder learns that a confinee has been sexually abused, immediate action is taken to protect the confinee. The PREA Response Checklist located on the secure SF SMARTnet is initiated immediately. Non-confinement staff first-responders notify staff of sexual abuse allegations. The confinement staff first-responder actions include:

5.6.1. Separate the confinee from the alleged perpetrator.

5.6.2. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.

5.6.3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim-and ensure that the alleged abuser not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

5.6.4. Confinement staff first responders immediately notify AFOSI and the appropriate medical and mental health practitioners.

Other documentation: 99 SFS PREA Sexual Abuse Response Checklist which outlines first responder duties and medical/mental health responsibilities for emergencies.

Observations and interviews: A review of the above-mentioned checklist indicates staff following this would provide for immediate protection for the victim and the immediate notification to medical and mental health providers who are not within the facility, but a separate entity. Contact is also made with SAPRO who provide victim advocates and counseling services and, working with medical, set up SANE/SAFE with a local hospital. Detainees are not charged for any services rendered. First responder staff, which is all assigned confinement staff, were knowledgeable of the process and the checklist.

Finding: (compliant)

All aspects of 115.82 are covered well in policy and other documentation. Interviewees confirmed.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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Policy: 99 SFS OI 31-105

5.7. Medical and Mental Health Services:

5.7.1. Confinee 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.

5.7.2. Confinee victims of sexual abuse while incarcerated are offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

5.7.3. Treatment services are provided to the victim-without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

5.7.4. The evaluation and treatment of such victims shall include, as appropriate, followup services, treatment plans, and referrals for continued care following their transfer to, or placement in other facilities.

5.7.5. Confinee victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests, as medically necessary.

5.7.6. If pregnancy results from the conduct described in this section, victims receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services, such as prenatal care and access to pregnancy termination services, where available.

Other documentation: Auditor reviewed the SAPRO website.

Observations and interviews: Air Force Level I facilities do not have full or part-time medical and mental health care practitioners who work regularly in its facilities. These services are conducted by the local military treatment facility or local medical facilities. The Sexual Assault Prevention and Response Office provides services to all Nellis AFB personnel including confinees. SAPRO provides follow-up services and treatment plans for medical and mental health concerns and referrals to placement in other facilities. Per policy, pregnancy tests would be provided via base medical services and comprehensive information about all lawful pregnancy related services would be provided by on base medical or coordinated through SAPRO as would information about sexually transmitted infections. Interviews with SAPRO Officer, Captain Yoakam confirmed SAPRO provides all related services upon receiving a report or referral. All services are at no cost to the victim. SAPRO does have an MOU with University Hospital in Las Vegas to provide emergency services for sexual assault victims.

Finding: (compliant)

Upon reviewing the policy, the SAPRO website and interviewing staff, the facility is found to be compliant with this standard. There have been no reported incidents at this facility in the last 12 months. SAPRO has

dealt with incidents involving military base personnel, but not from the confinement facility. This indicates confidence in handling an incident from the confinement facility should it occur.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy: 99 SFS OI 31-105

5.9.5. Sexual Abuse Incident Reviews [C.F.R. 115.86, AFI 31-105 para 1.3.12.2.2.]:

5.9.5.1. The DFC ensures 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.

5.9.5.2. The review ordinarily occurs within 30 days of the conclusion of the investigation.

5.9.5.3. The review team should be led by the DFCs designated rep and include squadron leadership with input investigators and medical or mental health practitioners.

5.9.5.4. The review team's actions include:

5.9.5.4.1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

5.9.5.4.2. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, intersex identification, status, perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility

5.9.5.4.3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse

5.9.5.4.4. Assess the adequacy of staffing levels in that area during different shifts

5.9.5.4.5. The CF implements the review team's recommendations for improvement, or document its reasons for not doing so

5.9.5.4.6. Prepare and promptly forward all incident reports, investigation

reports and sexual abuse incident reviews to the DFC, PREA Compliance Manager, and the Air Force PREA Coordinator at the AFSFC to provide the data necessary to complete various Air Force level annual reports for the Department of Justice, e.g., the Survey of Sexual Violence, et.al.

AFI 31-105 states, in part:

1.3.12.2.1.2. The DFC ensures a Sexual Abuse Incident Review is conducted upon the completion of the law enforcement investigation, unless the investigation determines the report to be unfounded. DFC uses the information from this review to improve the effectiveness of the confinement facility's prevention, detection, and response policies, practices, and training. To provide timely staff reaction and response ordinarily this review should begin no later than 30 days after the incident is reported and include input from supervisors, investigators, and medical and mental health practitioners. Consider if demographics were relevant motives. Provide report and recommendations to the DFC for approval. Forward DFC decisions to the AF level PREA compliance coordinator who shares approved recommendations and justifications for non-approved recommendations for AF, and possibly DoD wide, cross flow. (T-0) 1.3.12.2.2.1. NOTE: Suggest DFC appoints STAN-EVAL NCOIC (who is not the PREA compliance manager) to conduct review.

Other documentation: Memo signed by the Defense Force Commander, appointing the NCOIC of Stan-Eval as the 99 SFS "Incident Assessor" for PREA incident reviews.

Observations and interviews: The facility has had no reported incidents therefore no reviews have been conducted. In an interview with the designated Incident Review Team leader, the leader indicated all potential motivating factors listed in the standard are covered in the review checklist and would be reviewed by the team. He indicated the team would review the site of the incident to determine if physical barriers may have enable the abuse and whether monitoring technology should be deployed or augmented to supplement staff supervision.

Finding: (compliant)

Based on the information provided in policy and through the interviews and as no incidents have occurred to require an incident review be completed the facility is compliant with this standard.

Recommendation: The auditor is concerned that, although policy provides for ensuring each element of the standard are reviewed, should an incident occur, no documentation was provided to indicate an established checklist outlining the elements of the review. This was discussed with the incident review team leader as a recommendation.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy: 99 SFS OI 31-105**7. DATA COLLECTION AND REVIEW [C.F.R.115.87]:****7.1. Data Collection:**

7.1.1. The unit PREA Compliance Manager (PCM) collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using the standardized PREA Response Checklist located of the SF SMARTnet.

7.1.2. The PCM aggregates the incident-based sexual abuse data at least annually and provides

a copy to the PREA Coordinator at the AFSFC where it will be maintained for a period of 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

7.1.3. All PREA collected data from all available incident-based documents, including reports, investigation files, response checklist, and sexual abuse incident reviews are promptly sent to the AFSFC PREA Coordinator. This data will be maintained at the unit level as long as the alleged abuser is incarcerated plus 5 years.

7.1.4. The PCM completes an annual PREA report approved by the DFC with name and signature.

7.1.5. The annual report (template located on the SF SMARTnet) contains the following statistics in order to answer the annual Survey of Sexual Violence conducted by the Department of Justice:

7.1.5.1. Confinee-on-Confinee allegations of Nonconsensual Sexual Acts

7.1.5.2. Confinee-on-Confinee allegations of Abusive Sexual Contact

7.1.5.3. Staff-on-Confinee allegations of Staff Sexual Misconduct

7.1.5.4. Staff-on-Confinee allegations of Sexual Harassment

Other documentation: Auditor reviewed 2015 & 2016 annual reports for all USAF Level One confinement facilities. There were no allegations or sexual abuse or harassment in either year.

Observations and Interviews: In interviews with the PREA Coordinator and Agency Head, both stated data is collected, reviewed and signed by the Agency Head and reported annually.

Finding: (compliant)

Based on a review of the annual report as posted on the website, the policy and from information provided in interviews, the facility/agency are in compliance with the standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies,

practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

7.2. Data Review for Corrective Action [C.F.R. 115.88]:

7.2.1. The PCM along with squadron senior leadership reviews all PREA data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, practices, and training, including by:

7.2.1.1. Identifying problem areas

7.2.1.2. Taking corrective action on an ongoing basis

7.2.1.3. Preparing an annual PREA report (template located on the SF SMARTnet) of its findings and corrective actions for the facility

7.2.2. Such reports include a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the unit's progress in addressing sexual abuse.

7.2.3. The unit's report is approved by the DFC and made readily available to the public,

NOTE: AFSFC will make Annual PREA reports available on the non-secure SF SMARTNET for all Air Force Level I facilities in order to comply with this standard

7.2.4. The unit removes personal identifiers and may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but indicates the nature of the material redacted.

7.2.5. The AFSFC PREA Coordinator is the repository for all PREA data. Pursuant to 115.87, all PREA data will be maintained for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise.

Observations and interviews: As the facility has had no incidents reported, reviews of data to improve its effectiveness, based on data, cannot occur.

2016 data is compared to 2015 data on the website.

The annual report is signed by the Agency Head.

Although the website-SMARTNET could not be accessed by the auditor, the annual reports were found at www.af.mil/Portal/1/documents/sapr/2016-AF-PREA-Annual-Report.pdf.

As no incidents were reported in level one facilities, statistical data is all that is compiled in the report.

Policy requires all PREA data will be maintained for at least 10 years.

In interviews with the PREA Coordinator and Agency Head, both stated data is collected, reviewed and signed by the Agency Head and reported annually.

Finding: (compliant)

Based on a review of the annual report as posted on the website, the policy and from information provided in interviews, the facility/agency are in compliance with the standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy: 99 SFS OI 31-105

7.1. Data Collection:

7.1.2. The PCM aggregates the incident-based sexual abuse data at least annually and provides a copy to the PREA Coordinator at the AFSFC where it will be maintained for a period of 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

7.2. Data Review for Corrective Action [C.F.R. 115.88]:

7.2.1. The PCM along with squadron senior leadership reviews all PREA data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, practices, and training, including by:

7.2.1.1. Identifying problem areas

7.2.1.2. Taking corrective action on an ongoing basis

7.2.1.3. Preparing an annual PREA report (template located on the SF SMARTnet) of its findings and corrective actions for the facility

7.2.2. Such reports include a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the unit's progress in addressing sexual abuse.

7.2.3. The unit's report is approved by the DFC and made readily available to the public,

NOTE: AFSFC will make Annual PREA reports available on the non-secure SF SMARTNET for all Air Force Level facilities in order to comply with this standard

7.2.4. The unit removes personal identifiers and may redact specific material from the

reports when publication would present a clear and specific threat to the safety and security of a facility but indicates the nature of the material redacted.

7.2.5. The AFSFC PREA Coordinator is the repository for all PREA data. Pursuant to 115.87, all PREA data will be maintained for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise.

Observations and interviews: In interviewing the PREA Coordinator, all data is maintained by the PREA Coordinator at a secure location at Lackland AFB.

Although the website-SMARTNET could not be accessed by the auditor, the annual reports were found at www.af.mil/Portal/1/documents/sapr/2016-AF-PREA-Annual-Report.pdf.

As no incidents were reported in level one facilities, statistical data is all that is compiled in the report therefore, no redactions were necessary.

Policy requires all PREA data will be maintained for at least 10 years.

Finding: (compliant)

Based on a review of the annual report as posted on the website, the policy and from information provided in interviews, the facility & agency are in compliance with the standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
☐ Yes ☒ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☐ Yes ☒ No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This was an initial audit for Nellis Air Force Base and one of the first USAF level one facilities to be audited.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued

in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Initial audit.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

David D. Cotten

August 15, 2018

Auditor Signature

Date

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

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