

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]		
Name of facility: Diagnostic and Evaluation Center		
Physical Address: 3220 W Van Dorn St Lincoln, NE 68522		
Date report submitted: May 15th, 2015		
<b>Auditor Information</b>		
Address: 670 Bell Hill Road Homer, La. 71040		
E-Mail: Micheledauzat@corrections.state.la.us		
Telephone number: 318-927-0475		
Date of facility visit: April 13-15th, 2015		
<b>Facility Information</b>		
Facility mailing address: (if different from above)		
Telephone number: 402 471-3330		
The facility is:		
<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	X <input type="checkbox"/> State
<input type="checkbox"/> Private not for profit		
Facility Type: <input type="checkbox"/> Jail <input checked="" type="checkbox"/> X Prison		
Name of PREA Compliance Manager: Rich Randazzo	Title: Unit Administrator	
E-Mail Address: Richard.Randazzo@nebraska.gov	Phone Number: 402-471-3330	
<b>Agency Information</b>		
Name of agency: Nebraska Department of Correctional Services		
Governing authority or parent agency: (if applicable) State of Nebraska		
Physical address: Folsom & W. Prospector Place Bldg #1 Lincoln, NE 68522		
Mailing address: (if different from above) PO Box 94661 Lincoln, NE 68509-4661		
Telephone Number:		
<b>Agency Chief Executive Officer</b>		
Name: Director Scott Frakes	Title: Director of Corrections	
E-Mail Address: scott.frakes@nebraska.gov	Telephone Number: 402-479-5710	
<b>Agency-Wide PREA Coordinator</b>		
Name: Stephanie Huddle	Title: PREA Coordinator	
E-Mail Address: Stephanie.Huddle@nebraska.gov	Telephone Number: 402-479-5660	

## AUDIT FINDINGS

### NARRATIVE:

The PREA Audit was conducted at the Diagnostic and Evaluation Center on April 14th and 15th, 2015. The PREA audit team consisted of Michele Dauzat, PREA Auditor, La. PREA Coordinator and Kristen Thomas, La. Mental Health . We began with an opening meeting that consisted of the Warden, Fred Britten, Rich Randazzo, PREA Compliance Manager, Miranda Newton, Case Manager and PREA Coordinator Stephanie Huddle and additional staff members from each department. The audit began with a tour of the facility, video monitoring and spot check for notification of available services and contact information for the auditor. Each housing unit had adequate information regarding PREA and contact information for auditor. Each area was properly supervised by either staff and/or video monitoring. Medical services are readily available to offenders and Mental Health services are available to offenders on a routine basis. In the event of an offender sexual assault, the offender would be sent to Lincoln General Hospital for a SAFE and SANE exam. All medical and mental health staff have received specialized medical and mental health training relative to Sexual Assault. The training curriculum for Investigative staff was remarkable, the facility meets all requirements in the training and function of the investigative staff. During staff interviews, it was noted that each staff member received necessary training and was familiar with the facility/agency zero tolerance policy regarding Sexual Assault. Interviews of staff and offenders were conducted on April 14th and continued on April 15th. A total of 10 random offender interviews were conducted; 1 disabled offender and two offenders who reported sexual abuse. Offenders from each housing unit were interviewed. A total of 11 random staff interviews were completed in addition to all specialized staff interviews. Additional documentation review was conducted and close out meeting concluded audit on April 15th. The facility was well prepared for the audit and staff were courteous and helpful throughout the audit process.

### DESCRIPTION OF FACILITY CHARACTERISTICS

The facility is located in Lincoln, Nebraska and houses adult male offenders. All males sentenced to the Department of Correctional Service by the County and District courts of the State of Nebraska are received into the correctional system at the Diagnostic and Evaluation Center. The population during the time of the audit consisted of 503 adult male offenders. The facility has a total of 9 housing units. Cameras are located throughout the facility.

Number of standards exceeded: 0

Number of standards met: 44

Number of standards not met: 0

115.11	ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The agency has a clear Administrative Regulation 203.11 regarding zero tolerance of sexual assault. Offender rule book defines sanctions for those found to have participated in prohibited behavior. Org Chart included. The PREA Coordinator, Stephanie Huddle and the PREA Compliance Manager, Richard Randazzo, both stated they have time and authority to develop and oversee compliance.	

115.12	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Documentation was provided for six county jail agreements (contracts) with all contracts including appropriate PREA language.	

115.13	SUPERVISION AND MONITORING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
This practice of DEC was found to be in compliance with the requirements of this standard. The Annual PREA Assessment/Staffing plan is very detailed and is reviewed by the facility staff as well as Central Office Staff. The agency has a written regulation AR 203.11 that specifically states the requirements for each facility to develop an individual staffing plan. DEC considers several forms of documentation when compiling the staffing plan. These documents included but were not limited to, Staff Roster, Monthly Statistical Reports, Staffing plan, etc. Operational Memorandum requires unannounced rounds by upper level supervisors to identify and deter sexual abuse. Interviews with a number of supervisors indicated that they make rounds in an unpredictable manner and that staff are advised not to alert others of the rounds. Examples from a variety of unit log books, reflect rounds by upper level supervisors on all shifts.	

115.14	YOUTHFUL INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

This standard does not apply to DEC; however, agency level policy indicates appropriate provisions are taken in regards to PREA and Youthful Offenders.

115.15

LIMITS TO CROSS GENDER VIEWING AND SEARCHES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DEC staff does not conduct cross gender strip or body cavity searches. No cross gender strip, body cavity or pat searches had been conducted in the past 12 months. Staff of the opposite gender are required to announce their presence upon entering a housing unit/living area. Transgender inmates are not searched for the sole purpose of determining genital status, and all staff are trained to conduct cross gender pat searches in a respectful manner while still keeping security needs in mind. It was noted during the tour that offenders are able to shower, toilet and change clothing without being viewed by nonmedical staff. Cross gender announcements were made and both staff and offender interviews indicated this is done each time an employee of the opposite sex enters housing unit. A recommendation was made to include these announcements as an entry in the unit log book. There are toilet areas in housing units 2-9 that would benefit from an additional barrier to enhance the privacy for offenders. This was discussed on site and a plan was implemented to meet with the Engineering Department and create necessary barrier for each unit. Estimated completion is within the year and DEC staff will remain in communication with audit team to notify of project progress and completion. The bathroom in the gym area needed additional coverage to the window, this issue has been remedied and presently meets the requirement of the standard. The area of intake is also near renovation to improve the privacy of the toilet area. DEC administration is aware of these issues and is making every effort to complete these projects in a timely manner.

115.16

INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

NDCS employs full-time Spanish interpreters. Agency utilizes interpreter service for all other non-English speaking inmates. Offenders with disabilities and offenders who are limited English proficient have equal access to PREA information. A suggestion was made to develop a plan for services for hearing impaired and visually impaired in the event DEC would have an offender with these needs.

115.17	HIRING AND PROMOTION DECISIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
DEC does not hire or promote individuals who have engaged or been convicted of sexual abuse/assault in a confinement setting or in the community, or who have been civilly adjudicated of such an incident. Occurrences of sexual harassment are taken into consideration when determining whether or not to promote a staff member. Potential employees undergo a thorough background check, as do contractors who may have contact with inmates. Background checks are conducted every five years on current employees. Potential employees are asked about any prior incidents of sexual abuse/assault with the understanding omitting or falsifying information may result in termination. All personnel files are currently at Central Office being scanned and will be maintained electronically.	

115.18	UPGRADES TO FACILITIES AND TECHNOLOGY
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
DEC has had no substantial expansion or modification to the existing facility since August 2012. Documentation was provided of a diagram with all video monitoring systems in each housing units. The information was very detailed and useful. The documentation was indicative that offender safety is an important priority at DEC.	

115.21	EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
All criminal investigations are completed either by the Nebraska State Patrol or two criminal investigators in the department. The agency has a uniformed evidence collection protocol that maximizes the potential for obtaining usable physical evidence. Forensic exams are conducted off-site by SANEs at Lincoln General Hospital and provided at no cost to the victim. Victim advocates are available to offender victims.	

115.22	POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	

Auditor comments, including corrective actions needed if does not meet standard

All allegations meeting PREA criteria are investigated, either internally (administrative) or externally (criminal). All allegations within the past 12 months were investigated. The agency does ensure that an investigation is completed for all allegations of offender sexual abuse. All investigators have completed specialized investigative training relative to PREA. The NCDS website provides information regarding the responsibility to investigate criminal allegations

115.31 EMPLOYEE TRAINING

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

Auditor comments, including corrective actions needed if does not meet standard

The PREA training curriculum covers all required components of 115.31 as mandated. The curriculum is tailored to the offender population at DEC. DEC provided documentation demonstrating staff at DEC attended the training. Additionally, there is signed documentation from staff showing they received the training. All staff interviewed were very knowledgeable and reflected understanding of institutional PREA training. Policies were compliant with standard and documentation of training curriculum and training records were provided.

115.32 VOLUNTEER AND CONTRACTOR TRAINING

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

Auditor comments, including corrective actions needed if does not meet standard

Documentation provided demonstrates all Volunteers and Contractors are adequately trained in PREA. Two volunteers were interviewed and both expressed knowledge of PREA and articulated the information taught in training. A volunteer handbook was provided with training material.

115.33 INMATE EDUCATION

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

Auditor comments, including corrective actions needed if does not meet standard

All offenders are adequately trained regarding PREA. Agency provides offenders different formats relative to their language and/or physical needs. All offenders are provided written information and complete an orientation where a comprehensive education is given that includes a detailed power point

presentation. DEC provided signed offender acknowledgements demonstrating offenders received training. Posters were visible throughout the entire prison grounds. A recommendation was made to accumulate resources to have available for hearing impaired or visually impaired offender in the event one may transfer to DEC.

115.34 SPECIALIZED TRAINING: INVESTIGATIONS

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

Auditor comments, including corrective actions needed if does not meet standard

The investigative training curriculum is very thorough and specific to PREA duties. The facility met the requirement of the standard in this category and provided documentation of training. Investigators complete training specific to conducting PREA investigations. The training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria required to substantiate an administrative case.

115.35 SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE

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

Auditor comments, including corrective actions needed if does not meet standard

The facility is in compliance with this standard. Documentation and training records were provided to verify training of medical and mental health staff. In addition to the regular PREA training, all full and part time medical and mental health care practitioners receive training in how to detect and assess signs of sexual abuse/harassment, how to preserve physical evidence of sexual abuse, how to respond in a professional and respectful manner and how to report incidents/suspicious. 100% of the staff have received the required training. Documentation of the training is maintained.

115.41 SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS

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

Auditor comments, including corrective actions needed if does not meet standard

Offenders are assessed upon intake for their risk of being sexually abusive or abused within 24 hours of their arrival at the facility. The intake screening form utilized contains all 10 required elements. Policy requires offender be screened a second time within 30 days utilizing additional, relevant information that comes to light and offenders are reassessed when warranted. DEC policy prohibits offenders from being disciplined for refusing to answer any questions during the screening process. The facility implements appropriate controls regarding dissemination of information.

115.42	USE OF SCREENING INFORMATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The information gathered from the screening tool is used appropriately as mandated by the standard. The facility procedures and policies are in compliance with this standard. Information from screening is used when placing offenders in housing, work or programming assignments. Any housing/programming for transgender offenders is decided on a case-by-case basis; policy is in place ensuring placement of transgender and intersex offenders is reviewed at least twice each year. Policy also ensures transgender inmates' own views regarding their safety will be given consideration and they are given the opportunity to shower separately.</p>	

115.43	PROTECTIVE CUSTODY
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The policy and practice are in compliance with this standard. At the time of the audit, the facility did not house any transgender offenders. Agency policy prohibits placing offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and determination has been made that there is no available means of separation from likely abusers.</p>	

115.51	INMATE REPORTING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Policy and practice are in compliance with this standard. Information on reporting was visible and adequately accessible to all offenders. Agency procedures allow for multiple methods to report allegations of abuse/harassment. During interviews, all offenders were aware of how they could report an incident. Offenders have both an outside reporting mechanism and an anonymous hotline available to them. Staff are required to accept all reports, and expressed understanding of this policy during interviews. Staff were also aware they could call a reporting hotline in order to report an allegation privately.</p>	

115.52	EXHAUSTION OF ADMINISTRATIVE REMEDIES	INMATE RI
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>All policies and procedures are in compliance with this standard and are covered in the Administrative Regulation. Documentation was provided that indicates any PREA related grievance would be addressed immediately.</p>		

115.53	INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES	INMATE RI
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>Offenders have access to outside victim support services through the use of Just Detention International. Flyers and posters, observed during the tour, were also readily available at the facility. Offenders are provided written materials with contact information provided. Offenders understand the confidentiality requirements of these services.</p>		

115.54	THIRD-PARTY REPORTING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>Information provided to both staff and offenders which outlines the process by which parties may report any allegation of sexual abuse and harassment. The agency has a hotline and a reporting form available on the departmental website.</p>	

115.61	STAFF AND AGENCY REPORTING DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p>Auditor comments, including corrective actions needed if does not meet standard</p>	

All staff are required to immediately report any incident or allegation of sexual abuse or retaliation; staff interviewed were very familiar with these requirements. They were also aware of the need for discretion. Medical and mental health staff were familiar with their reporting requirements and limitations on confidentiality and informed the inmates of such during initiation of services. All allegations are referred for investigation and given to investigative staff

115.62 AGENCY PROTECTION DUTIES

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

Auditor comments, including corrective actions needed if does not meet standard

Agency has in place policies and procedures for immediate action to protect offenders from sexual abuse. It clearly outlines staff responsibility in regards to protection of offenders and PREA. All staff were extremely knowledgeable regarding agency protection duties.

115.63 REPORTING TO OTHER CONFINEMENT FACILITIES

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

Auditor comments, including corrective actions needed if does not meet standard

All policies and practices are in compliance with this standard. The facility has procedure in place for reports received that occurred at another confinement facility. Facility was able to provide documentation to support the practice for this standard.

115.64 STAFF FIRST RESPONDER DUTIES

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

Auditor comments, including corrective actions needed if does not meet standard

The policy and procedures reflect staff responder duties. Staff was extremely knowledgeable regarding staff first responder duties. All staff could easily verbalize their response should they be a first responder.

115.65 COORDINATED RESPONSE

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

Auditor comments, including corrective actions needed if does not meet standard

DEC has a coordinated response plan that details the actions to take in response to an incident of sexual abuse. This plan is facility specific and is tailored to the needs of the institution and population.

115.66	PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Policy reflects compliance with this standard. DEC has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012.	

115.67	AGENCY PROTECTION AGAINST RETALIATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The facility is in compliance with this standard and monitors for retaliation in a timely and effective manner. Multiple protection measures are employed. Staff and inmates are monitored for a minimum of 90 days but will be extended if necessary.	

115.68	POST-ALLEGATION PROTECTIVE CUSTODY
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The facility has procedures in place to comply with this standard. There have been no incidents in the past 12 months in which protective custody was needed for PREA purposes. Existing policy prohibits placing offenders who allege they suffered sexual abuse in involuntary protective custody unless no other reasonable means to ensure safety can be determined.	

115.71	CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	

Auditor comments, including corrective actions needed if does not meet standard

Policy is in place regarding both administrative and criminal investigations. All staff who investigate sexual abuse/harassment are required to take specialized training. A review of a sample of investigations showed all elements required by the standard are in place. Any substantiated cases of criminal conduct are referred for prosecution by NDCS. The retention schedule showed investigations are kept as long as the abuser is incarcerated or employed, plus five years. There was a recommendation to add credibility assessment to investigative reports. A directive was sent out agency wide on 3-10-15 to all facility Compliance Managers instructing the investigators to include assessment.

115.72

EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS

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

Auditor comments, including corrective actions needed if does not meet standard

The agency has policies in place that meet requirements of this standard. Policies ensure the preponderance of evidence is the standard of proof in determining the outcome of an allegation.

115.73

REPORTING TO INMATES

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

Auditor comments, including corrective actions needed if does not meet standard

The offender is notified in writing of the outcome of a PREA investigation. The notification process is detailed and covers all requirements of the standard. The procedure in place is in compliance with this standard.

115.76

DISCIPLINARY SANCTIONS FOR STAFF

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

Auditor comments, including corrective actions needed if does not meet standard

All procedures regarding staff discipline is outlined in policy and referenced in training. Practices indicate the standard is being followed. There were no current disciplinary sanctions for staff at DEC relative to PREA.

115.77

CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS

<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>All information provided demonstrates the requirement of this standard is being met and is compliant. Policy ensures contractors and volunteers who sexually abuse offenders are prohibited from contact with them and referred to relevant licensing bodies, as well as Nebraska State Patrol when the alleged act may be criminal in nature. Appropriate remedial measures are taken for other violations of PREA policy</p>

115.78	DISCIPLINARY SANCTIONS FOR INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>Offenders are subject to discipline for perpetrating sexual abuse and harassment. There were no instances of substantiated administrative or criminal findings an offender perpetrated sexual abuse. Sanctions are commensurate with past history, the nature of the offense and comparable sanctions given to other offenders for the same type of misconduct, along with consideration to an offenders mental health status, including the consideration of therapy. Offenders are not disciplined for having sexual contact with staff, unless the staff member did not consent to the contact. Offenders are not disciplined for making reports in good faith, even if the allegation is determined to be unfounded. DEC policy does prohibit consensual sexual contact/activities between inmates.</p>	

115.81	MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>All documentation provided proves compliance with the requirements of this standard. Offenders are offered a follow-up meeting with medical or mental health staff within 14 days if they disclose prior sexual victimization or perpetration during risk screening. Information is kept as confidential as possible, with information shared for the purpose of housing/living, programming and work assignments</p>	

115.82	ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	

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

Auditor comments, including corrective actions needed if does not meet standard

Facility has excellent coverage for medical and mental health services. Offenders have adequate access for emergency services in accordance with this standard. Offender victims receive timely access and information regarding treatment and available treatment options, including sexually transmitted infections. All treatment is provided at no cost to the offenders

115.83	ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The facility meets all requirements as mandated by this standard. All offender victims, regardless of whether abuse occurred at DEC or another confinement facility, are offered medical and mental health evaluations, including testing for sexually transmitted infections. Such treatment includes plans for follow-up care in the event they are transferred to another facility or released from custody. All treatment is provided at no cost to the inmates. DEC has policy in place ensuring staff attempt to conduct a mental health evaluation of offenders who abuse other inmates.

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

Auditor comments, including corrective actions needed if does not meet standard

The facility conducts Sexual Abuse Incident Reviews with qualified team of staff. All policies and procedures indicate standard is being met. The cases are reviewed with 30 days of the investigation and all factors of the standard are met through review meeting.

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

Auditor comments, including corrective actions needed if does not meet standard	
The agency maintains adequate records of data in order to meet compliance with this standard. Data is collected and aggregated annually and the Survey of Sexual Violence is submitted within the time frame outlined by the governing agency of that form.	

115.88	DATA REVIEW FOR CORRECTIVE ACTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The agency provided an annual report with all data collection recorded. The report provided an assessment of the facility's progress in addressing sexual abuse and corrective action taken if necessary. It was an excellent, very informative report.	

115.89	DATA STORAGE, PUBLICATION, AND DESTRUCTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The agency has all necessary information publicized on the agency website. The information is appropriately stored and all personal information was redacted. Agency policy indicates secure retention of the data. The agency is in compliance with this standard.	

**SUMMARY OF AUDIT FINDINGS:**

The auditor team was extremely impressed with the work being completed at both the agency and facility level. All the staff was knowledgeable and courteous during the audit. The ongoing display of professionalism from staff at DEC is indicative of their dedication to compliance with standards mandated by PREA. All staff interviewed were very knowledgeable, particularly with their knowledge of policies and procedures and first responder duties. PREA information and posters were readily available for offenders. Warden Britten, Rich Randazzo and Miranda Newton have done a remarkable job ensuring the facility was audit ready. The staff was eager to speak of their knowledge and zero tolerance policy regarding PREA. It is obvious that staff maintain a genuine respect for Warden Britten. He exhibits his dedication and loyalty to the NDCS through his efforts to ensure DEC is operated with knowledgeable, personable and professional staff. The entire staff displayed great pride in their profession and the facility. Each staff member and offender interviewed stated PREA has enhanced the overall functioning of the facility. It was clear that PREA is a priority and staff are dedicated to the safety of offenders, staff, visitors and the public.

**AUDITOR CERTIFICATION:**

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

Michele D'Amico  
Auditor Signature

10-8-15  
Date