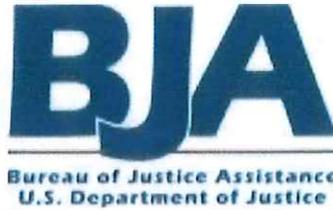


PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]	
Name of facility: Lincoln Correctional Center	
Physical Address: 3216 West Van Dorn Lincoln Nebraska	
Date report submitted: December 22nd 2014	
Auditor Information Michele Dauzat PREA Coordinator Louisiana Department of Corrections	
Address: 670 Bell Hill Road Homer, La. 71040	
E-Mail: Michele.dauzat@corrections.state.la.us	
Telephone number: 318-927-0475	
Date of facility visit: November 18-20th, 2014	
Facility Information	
Facility mailing address: (if different from above)	
Telephone number:	
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"/> Prison	
Name of PREA Compliance Manager: Paula Sparks Title: Captain	
E-Mail Address: Paula.Sparks@Nebraska.gov Phone Number: 402-479-6153	
Agency Information	
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 68509	
Mailing address: (if different from above) PO Box 94661 Lincoln, NE 68509-4661	
Telephone Number:	
Agency Chief Executive Officer	
Name: Scott Frakes Title: Director of Corrections	
E-Mail Address: scott.frakes@nebraska.gov Telephone Number: 402-479-5710	
Agency-Wide PREA Coordinator	
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 Lincoln Correctional Center on November 18-20th, 2014. The PREA audit team consisted of Michele Dausat, PREA auditor, La. PREA Coordinator, Arthur Crews, PREA auditor, Lt. Colonel, LADOC and Nikki McCoy, PREA Support Staff. 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 supervised by either staff and/or video monitoring. Audit team was included in the Sexual Incident Review meeting to review any relevant PREA cases. It was evident during the meeting staff is dedicated to the mission of PREA and works diligently to ensure the safety of the offenders at LCC. In the event of an offender sexual assault, the offender would be sent Lincoln General Hospital (LGH) for a SAFE and SANE exam. The facility maintains a partnership with the local Nebraska Coalition to End Sexual and Domestic Violence in Lincoln. The center will provide victim advocacy services to any offender victim of sexual assault. All medical and mental health staff have received specialized medical and mental health training relative to Sexual Assault. 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 November 18 and continued on November 19th. Offender from each housing unit were interviewed, as well as all categories of offenders as required. Additional documentation review was conducted and close out meeting concluded audit on November 20th. 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 medium and maximum security, adult male offenders. The population during the time of the audit consisted of 495 adult male offenders. The average age range is 19-72, with no youthful offenders housed at the facility. The facility is a medium and maximum custody facility with the average length of approximately 7 years. The facility has four buildings and two single cell housing units. The facility has four units with multiple occupancy cell capability. 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	
This standard was met however recommendation was made to include the Organizational Chart with PREA Compliance Manager position in organizational structure	

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	
There were three contracts with private entities noted. I was able to speak with agency level contract personnel to inquire about procedure; all necessary components of standard are currently being met.	

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 standard was met through the compilation of several documents, specifically the Institutional Emergency Preparedness Risk Assessment with supporting documentation from PREA Risk Assessment, staff rosters, pass lists, etc.. Although this documentation was sufficient I strongly recommend to include all factors of this standard in one developmental plan specific to PREA and facility needs.	

115.14	YOUTHFUL INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input 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 standard was not applicable to this specific facility.	

115.15	LIMITS TO CROSS GENDER VIEWING AND SEARCHES
<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	
LCC 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. One recommendation was made to document announcement in log book when opposite gender in present.	

115.16	INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT
<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	
NDCS employs full-time Spanish interpreters. Agency utilizes interpreter service for all other non English speaking inmates. A recommendation was made to provide the interpreter with written information regarding PREA on an routine basis. Although the interpreters are given orientation material it would be beneficial to conduct refresher course since the interpreter responding to institution can vary from visit to visit.	

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	
LCC 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..	

115.18	UPGRADES TO FACILITIES AND TECHNOLOGY
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- 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

There has been no modification to facility since implementation of standard. Video equipment installed and operating appropriately.

115.21	EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS
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- 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 criminal investigations are completed by NDCS Criminal Investigators or the Nebraska State Patrol. Forensic exams are conducted off-site by SANEs and provided at no cost to the victim. Victim advocates are available to inmate victims.

115.22	POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS
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- 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 allegations meeting PREA criteria are investigated, either internally (administrative) or externally (criminal). All allegations within the past 12 months were investigated. The NDCS website provides information regarding the responsibility to investigate criminal allegations

115.31	EMPLOYEE TRAINING
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- 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 staff interview 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
<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 provided demonstrates all Volunteers and Contractors are adequately trained in PREA.	

115.33	INMATE EDUCATION
<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	
Inmates are adequately trained regarding PREA. Agency provides inmates different formats relative to their language and/or physical needs. All inmates are trained upon arrival at LCC. Posters were visible throughout the entire prison grounds.	

115.34	SPECIALIZED TRAINING: 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	
The investigative training curriculum is very thorough and specific to PREA duties. 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. Documentation is maintained showing staff attended the training.	

115.35	SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE
<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 policy 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	

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/suspicions. 100% of the staff have received the required training. Documentation of the training is maintained.

115.41	SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS
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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

During on site visit it was determined that inmates are not assessed for risk of being sexually victimized or abused upon arrival at the facility. The assessment was being completed at the Diagnostic and Evaluation Center but was not completed when an inmate transfers to LCC. Also, there was no documentation that an offender is being assessed within 30 days based on any additional information since intake screening. During on site visit, corrective action was recommended to begin using the screening tool developed by the agency for every offender that arrives at LCC and to incorporate an instrument to reassess the inmate's risk of victimization or abusiveness based upon any additional information since intake. LCC has fulfilled the requirements of the corrective action. The facility has since implemented the practice of conducting an initial screening upon arrival at LCC. They have incorporated this into their policy as well as the practice of 30 day review based on any additional information received.

115.42	USE OF SCREENING INFORMATION
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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 information gathered from the screening tool that is being completed at DEC 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 inmates in housing, work or programming assignments. Any housing/programming for transgender inmates is decided on a case-by-case basis; policy is in place ensuring placement of transgender and intersex inmates 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.

115.43	PROTECTIVE CUSTODY
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- 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 policy and practice are in compliance with this standard. At the time of the audit, the facility did not house any transgender offenders.

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	
Policy and practice are in compliance with this standard. Information on reporting was visible and adequately accessible to all offenders. Inmates have multiple methods to report allegations of abuse/harassment. During interviews, all inmates were aware of how they could report an incident. Inmates 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.	

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)		
Auditor comments, including corrective actions needed if does not meet standard		
All policies and procedures are in compliance with this standard.		

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)		
Auditor comments, including corrective actions needed if does not meet standard		
Inmates have access to outside victim support services. The provider of these services was interviewed and was able to clearly articulate procedures for assisting incarcerated victims. Flyers and posters, observed during the tour, were also readily available at the facility. Inmates understand the		

confidentiality requirements of these services

115.54	THIRD-PARY 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	
This has been implemented by publication on the NDCS website. This standard is in compliance. One suggestion was made to place posters with the hotline visible in the visitation room.	

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)	
Auditor comments, including corrective actions needed if does not meet standard	
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
<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	
Agency has in place policies and procedures for immediate action to protect offenders from sexual abuse. All staff were extremely knowledgeable regarding agency protection duties.	

115.63	REPORTING TO OTHER CONFINEMENT FACILITIES
<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 policies and practices are in compliance with this standard.	

115.64	STAFF FIRST RESPONDER 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)	
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..	

115.65	COORDINATED RESPONSE
<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	
At the time of review, the facility did not have the coordinated response in a written format although the coordinated response was referenced and taught in training. A corrective action recommendation for the facility was to develop a written plan to reflect what the practice was for an institutional coordinated response. The requirement for this corrective action has been fulfilled. The facility has an institutional specific coordinated action plan that is included in the annual PREA Assessment. This plan is thorough and meets all requirement of the standard.	

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. LCC 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. Existing policy prohibits placing inmates 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.	

115.72	EVIDENTIARY STANDARDS FOR 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	
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
<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 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.

115.77

CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS

- 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 information provided demonstrates the requirement of this standard is being met and is compliant. Policy ensures contractors and volunteers who sexually abuse inmates 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

115.78

DISCIPLINARY SANCTIONS FOR 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

Inmates are subject to discipline for perpetrating sexual abuse and harassment. Sanctions are commensurate with past history, the nature of the offense and comparable sanctions given to other inmates for the same type of misconduct, along with consideration to an inmate's mental health status, including the consideration of therapy. Inmates are not disciplined for having sexual contact with staff, unless the staff member did not consent to the contact. Inmates are not disciplined for making reports in good faith, even if the allegation is determined to be unfounded. LCC policy does prohibit consensual sexual contact/activities between inmates

115.81

MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE

- 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 documentation provided proves compliance with the requirements of this standard. However; Inmates 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 while housed at Diagnostic and Evaluation Center. Information is kept as confidential as possible, with information shared for the purpose of housing/living, programming and work assignments. Recommendation was consistent with CAP for 115.41, once a tool is utilized upon facility (LCC) intake to determine level of risk, the information required by this standard will be captured and appropriately utilized. The inmates are being seen by staff; however, to ensure continuity of care and consistency of risk assessment, it would be beneficial to implement practice at LCC. The discussion with PREA Compliance Manager and audit team resulted in the information that the offenders that are transferred to LCC have recently been screened and assessed while housed at the neighboring facility DEC; therefore, standard is being met but level of service could improve at LCC with screening tool upon intake.

115.82	ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES
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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

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

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 inmate victims, regardless of whether abuse occurred at LCC 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. If circumstances require, inmates may receive pregnancy tests if they choose. All treatment is provided at no cost to the inmates.

115.86	SEXUAL ABUSE INCIDENT REVIEWS
<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 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
<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 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 information on the annual report is readily available to the public on the NDCS website so that information. The standard is met through publication of information via agency website	

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	
This information is available on NDCS website and is accessible to the public per the requirement of the standard.	

SUMMARY OF AUDIT FINDINGS:

The auditors were impressed at the work being completed at both the agency and facility level. 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. 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 Peart. 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.


Auditor Signature

5-15-15
Date