

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: Nebraska Correctional Youth Facility		
Physical Address: 2610 North 20th Street East, Omaha, NE 68110		
Date report submitted: April 7th, 2015		
Auditor Information		
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: March 9th-10th, 2015		
Facility Information		
Facility mailing address: (if different from above)		
Telephone number: 402-595-2000		
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	<input checked="" 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: Kurt Kinlund	Title: Unit Administrator	
E-Mail Address: kurt.kinlund@nebraska.gov	Phone Number: 402-636-8650	
Agency Information		
Name of agency: Nebraska Department of Corrections Nebraska Department of Correctional Services		
Governing authority or parent agency: (if applicable) State of Nebraska		
Physical address: Folsom & W. Prospector Place Bldg #1 Linclon, NE 68522		
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 Nebraska Correctional Youth Facility on March 9th and 10th, 2015. The PREA audit team consisted of Michele Dauzat, PREA Auditor, La. PREA Coordinator, Lt. Col. Joel Odom, PREA Investigator, Lt. Col. Keithe Turner, PREA Investigator and Brenda Smiley, PREA auditor. We began with an opening meeting that consisted of the Warden, Ryan Mahr, Trish Bernhards, Assistant Warden, PREA Compliance Manager, Kurt Kinlund, PREA Coordinator, Stephanie Huddle and 15 additional staff members. 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 available during normal business hours and accessible after hours for medical emergencies through Omaha Correctional Center. 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 Nebraska Medicine Creighton University Medical Center 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 March 9th and continued on March 10th. A total of 10 random offender interviews were conducted; 1 disabled offender; one offender who reported sexual abuse; and three specialized youthful offender questionnaire interviews. Offenders from each housing unit were interviewed. A total of 8 random staff offenders were completed in addition to all specialized staff interviews. Additional documentation review was conducted and close out meeting concluded audit on March 10th. 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 Omaha, Nebraska and houses youthful male offenders. The population during the time of the audit consisted of 76 youthful male offenders. The average age range is 15-21,. The facility is a minimum/medium/maximum custody facility with the average length of stay varying dependent on the offender. The facility has five buildings and 75 cells. Cameras are located throughout the facility.

Number of standards exceeded: 1

Number of standards met: 43

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, Kurt Kinlund, 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. However, it is noted that the contracts do not provide for housing of youthful offenders due to age and programming needs.	

115.13	SUPERVISION AND MONITORING
<input checked="" 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 practice of NCYF was found to exceed 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. NCYF considers several forms of documentation when compiling the staffing plan. These documents included but were not limited to, Staff Roster, Monthly Statistical Reports, NCYF Staffing plan, Telestaff Rosters, 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

All youthful offenders are appropriately housed with other youthful offenders. If exposed to adult offenders, the youthful offenders have appropriate sight and sound separation and/or direct supervision at all times. Youthful offenders and adult offenders are never housed together. Youthful offenders are afforded daily exercise and programming.

115.15 LIMITS TO CROSS GENDER VIEWING AND SEARCHES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

NCYF 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. Included in the documentation was a memo from the Warden directing staff to disable video monitoring of the cell that has a camera in it if there was not an offender on suicide watch. 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.

115.16 INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT

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

Agency utilizes interpreter service for all non-English speaking inmates. Offenders with disabilities and offenders who are limited English proficient have equal access to PREA information. During the reporting period, NCYF has had no instances where an offender interpreter or reader or other type of offender assistance was utilized. A suggestion was made to develop a plan for services for hearing impaired and visually impaired in the event NCYF would have an offender with these needs.

115.17 HIRING AND PROMOTION DECISIONS

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

NCYF 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

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

NCYF 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, blind spots and projected placement of additional video monitoring for future modification. The information was very detailed and useful. The documentation was indicative that offender safety is an important priority at NCYF.

115.21

EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS

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 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 Nebraska Medicine Hospital Creighton University Medical Center and provided at no cost to the victim. Victim advocates are available to offender victims and NCYF also has one MH staff, Dr. Michael Luebbert, who has completed a course in PTSD in addition to specialized mental health training for PREA.

115.22

POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR 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

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 NDCS 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 NCYF. NCYF provided documentation demonstrating staff at NCYF 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.

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. NCYF 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 NCYF.

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. NCYF had 72 inmates whose length of stay was 72 hours or more within the past 12 months; 100% of these offenders were screened. 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. NCYF 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</p>	

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.

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 and are covered in the Administrative Regulation. Documentation was provided that indicates any PREA related grievance would be addressed immediately.		

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 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.		

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 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.		

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. 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
<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. 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
<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. All staff could easily verbalize their response should they be a first responder.	

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	
NCYF 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. NCYF 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
<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
<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

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 NCYF relative to PREA.

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 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

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

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. NCYF policy does prohibit consensual sexual contact/activities between inmates. A recommendation was made to maintain documentation of mental health contact upon allegation to reference before the abuser is sanctioned in disciplinary procedure.

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. 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

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. 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 NCYF 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. NCYF 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
<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 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:

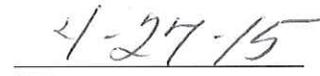
The auditors were impressed at the work being completed at both the agency and facility level. All the staff was knowledgeable and courteous during the audit. The ongoing display of professionalism from staff at NCYF is indicative of their dedication to compliance with standards mandated by PREA. All 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. Assistant Warden Bernhardsand Kurt Kinlund 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 Mahr. He exhibits his dedication and loyalty to the NDCS through his efforts to ensure NCYF is operated with knowledgeable, personable and professional staff. Most importantly, the offenders expressed an overall feeling of safety and articulated that staff "really cares about us". 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


Date