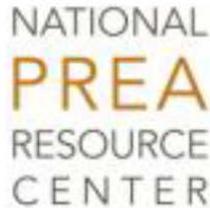


# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]		
Name of facility: Nebraska State Penitentiary		
Physical Address: 4201 South 14th St. Lincoln, NE		
Date report submitted: October 7th, 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: August 25-27th, 2015		
<b>Facility Information</b>		
Facility mailing address: (if different from above)		
Telephone number: 402 471-1330		
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: Rich Brittenham	Title: Operations Captain	
E-Mail Address: <a href="mailto:Rich.Brittenham@nebraska.gov">Rich.Brittenham@nebraska.gov</a>	Phone Number: 402-471-1330	
<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: <a href="mailto:scott.frakes@nebraska.gov">scott.frakes@nebraska.gov</a>	Telephone Number: 402-479-5710	
<b>Agency-Wide PREA Coordinator</b>		
Name: Stephanie Huddle	Title: PREA Coordinator	
E-Mail Address: <a href="mailto:Stephanie.Huddle@nebraska.gov">Stephanie.Huddle@nebraska.gov</a>	Telephone Number: 402-479-5660	

## AUDIT FINDINGS

### NARRATIVE:

The PREA Audit was conducted at the Nebraska State Penitentiary on August 25-27th, 2015. The PREA audit team consisted of Michele Dausat, PREA Auditor, La. PREA Coordinator, Colonel Joel Odom, Internal Affairs, La DP&C, Colonel Art Crews, Local PREA liaison . We began with an opening meeting that consisted of the Warden, Compliance Manager, 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 August 25th and continued on August 26th. A total of 18 random offender interviews were conducted; three offenders were interviewed who had written the auditor and four specialized interviews with offenders. The offender interviews consisted of a few offenders from each housing unit. A total of 11 random staff offenders were completed in addition to 8 specialized staff interviews. Additional documentation review was conducted and close out meeting concluded audit on August 27th. 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. The Nebraska State Penitentiary is located in suburban Lincoln. The facility has ~~eight~~ nine housing units. Housing units #1, #2, half of #3 and #5 are all general population units. The Control Unit, Housing unit #4 and two galleries of Housing Unit #3 make up the restrictive housing units. The older dormitory designated as HU #6 (Residential Treatment Community for Substance Abuse) and housing units #7 & #8 make up the other units and are all dormitory style housing. NSP houses primarily offenders 21 years and above serving short, medium and longer term felony sentences. The population during the time of the audit consisted of 1269 adult male offenders. Cameras are located throughout the facility.

Number of standards exceeded: 1

Number of standards met:41

Number of standards not met: 2

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, Rich Brittenham, 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. The documentation meets the requirement for this standard.	

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 NSP 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. NSP 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) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	

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

This standard does not apply to NSP; 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)
- 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

NSP 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 non medical staff. Cross gender announcements were made in housing areas. However, staff and offender interviews indicated this happens sporadically. A recommendation was made to include these announcements as an entry in the unit log book and offer a refresher training course for staff to ensure this practice is consistent. There were a few areas (library, Gym, Soap factory) 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 Maintenance Department and create necessary barrier for each unit. While on site there were work orders sent in with plan of completion and the offender restroom in the Soap Factory was completed with privacy barrier. The practice of the Control Unit (maximum security) is to have offenders strip searched in the open corridor only in the presence of same sex officers. However, there are times when a female is on the unit so a recommendation was made to post a notification and educate staff that female staff will not be present in area where strip searches are being conducted. This recommendation has since been completed using a memo posted on the 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. A suggestion was made to develop a plan for services for hearing impaired and visually impaired in the event NSP would have an offender with these needs. The facility has an on site Braille shop that can be used to transcribe PREA information if necessary.

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	
NSP 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	
NSP added 10 cameras in 2015. Documentation was provided of a diagram with all current video monitoring systems in each housing units. There were a total of 128 cameras. The information was very detailed and useful. The documentation was indicative that offender safety is an important priority at NSP. The Warden also indicated the importance of adding additional video monitoring as the budget allows specifically in the upcoming Laundry Expansion Project.	

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. I met with the Prison Advocacy Coordinator, Marla Sohl, who is employed by the Nebraska Coalition <b>to End Sexual and Domestic Violence</b> . <a href="#">of Sexual Assault</a> . Mrs. Sohl explained the memorandum of understanding with the prisons and the future plan for services offered.	

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
<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	
The PREA training curriculum covers all required components of 115.31 as mandated. The curriculum is tailored to the offender population at NSP. NSP provided documentation demonstrating staff at NSP 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. The curriculum was very informative and it was evident through interviews of staff that the training is effective and taught consistently. The documentation kept in the training files was remarkable. The performance checklist for searches of transgender offenders was impressive. The employee training of NSP is excellent, this practice exceeds the requirement of the standard.	

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. The volunteers interviewed and 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

Agency provides offenders different formats relative to their language and/or physical needs. Posters were visible throughout the entire prison grounds. It was apparent through offender interviews and/or documentation that each offender is receiving educational material regarding PREA as required by the standard.

115.34	<b>SPECIALIZED TRAINING: INVESTIGATIONS</b>
--------	---

- 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 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	<b>SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE</b>
--------	---

- 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 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	<b>SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS</b>
--------	--

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- X  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. NSP 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. During audit it was not apparent that the offenders were being re-screened within 30 days to assess risk of victimization at NSP. Corrective action consisted of providing documentation of the assessment being completed within 30 days of the offender's arrival at NSP. During the interim, the facility has sent numerous examples that this practice is being implemented. The facility will continue to send additional documentation over a three month period to demonstrate compliance.

115.42	USE OF SCREENING INFORMATION
--------	------------------------------

- 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 is used appropriately as mandated by the standard. The facility policies are in compliance with this standard. However, it did not appear that information from screening is used when placing offenders in housing, work or programming assignments. Corrective action included developing a procedure to ensure the screening tool information is being considered prior to housing/job/programming assignment. The facility will demonstrate compliance by forwarding documentation of procedure over a three month period. Any housing/programming for transgender offenders is decided on a case-by-case basis. Policy also ensures transgender offenders' own views regarding their safety will be given consideration and they are given the opportunity to shower separately. Although there were no transgender offenders present at NSP during the audit, it was recommended for staff to develop plan of how the transgender offenders will be reviewed and offered separate showers if a transgender offender is assigned to NSP.

115.43	PROTECTIVE CUSTODY
--------	--------------------

- 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 is in compliance with this standard. 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. During the time of the audit, it was not demonstrated that there is a system in place for review within the first 24 hours of placement into involuntary segregation. NSP did not have any incidents in which this had occurred; however, corrective action consisted of developing a plan for 24 hour review in the case of placement into involuntary segregation. To date, NSP has

forwarded staff meeting notes indicating staff has been directed to contact necessary personnel and conduct review within 24 hours. NSP has also sent the procedure which would be used (review sheet) in the event a high risk offender was placed in involuntary segregation.

115.51 INMATE REPORTING

- 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

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. Based on a recommendation of increased visibility, staff at NSP posted the hotline phone number to each phone in the housing areas while audit team was on site.

115.52 EXHAUSTION OF ADMINISTRATIVE REMEDIES

INMATE REPO

- 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 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 REPO

- 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

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. The department has recently been appointed a Prison Advocacy Coordinator, Marla Sohl, who is employed by the Nebraska Coalition to End Sexual and Domestic

Violence of Sexual Assault to coordinate efforts for outside confidential support services.

115.54 THIRD-PARTY REPORTING

- 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

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. Based on a recommendation of increased visibility, staff at NSP posted the hotline phone number to each phone in the housing areas while audit team was on site.

115.61 STAFF AND AGENCY REPORTING DUTIES

- 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 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)
- 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 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)
- 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 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)
- 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 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)
- 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

NSP 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

- 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

Policy reflects compliance with this standard. NSP has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012.

115.67 AGENCY PROTECTION AGAINST RETALIATION

- 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 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. NSP has a great format for this standard. The documentation is extremely thorough and considers several factors to monitor retaliation effectively.

115.68

POST-ALLEGATION PROTECTIVE CUSTODY

- 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 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. A plan was not in place to document how this practice would be implemented. Corrective action consisted of developing a plan for 24 hour review in the case of placement into involuntary segregation/protective custody. To date, NSP has forwarded staff meeting notes indicating staff has been directed to contact necessary personnel and conduct review within 24 hours. NSP has also sent the procedure which would be used (review sheet) in the event an offender (who allege they suffered sexual abuse) would be placed in involuntary segregation/protective custody.

115.71

CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS

- 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

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

- 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 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) <input type="checkbox"/> 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 NSP 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)	
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
<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 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. NSP 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. 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
--------	--

- 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. The attending facility physician is fully aware of the importance of PREA and ensures the medical department is familiar with procedures.

115.83	ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS
--------	---

- 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 NSP 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. NSP 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

- 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 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

- 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 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

- 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 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

- 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 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 NSP 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. It was evident that employee training is a priority which is indicated in an exceeds requirement mark. PREA information and posters were readily available for offenders. Compliance Manager Rich Brittenham did a remarkable job ensuring the facility was audit ready. All staff involved in the audit process were extremely polite and accommodating. 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 the PREA process and the facility administration. The entire staff displayed great pride in their profession and the facility. Employee Mark Danner who oversees the classification intake process is the definition of a dedicated employee. He was not only knowledgeable about the entire process but his passion for the work he does and the facility operation was evident in his interview. Each staff member that was 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.

\_\_\_\_\_  
Auditor Signature

\_\_\_\_\_  
Date