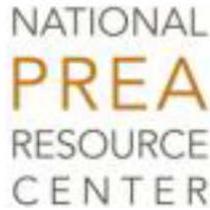


# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]		
Name of facility: Omaha Correctional Center		
Physical Address: 2323 East Avenue J. Omaha, NE 68111		
Date report submitted: April 10th, 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: March 11th-13th, 2015		
<b>Facility Information</b>		
Facility mailing address: (if different from above)		
Telephone number: 402-522-7003		
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: Ron Limbeck	Title: Administrative Asst. III	
E-Mail Address: ron.limbeck@nebraska.gov	Phone Number: 402-522-7003	
<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: Scott Frakes	Title: Director of Corrections	
E-Mail Address: scott.frakes@nebraska.gov	Telephone Number: 402-479-5710	
<b>Agency-Wide PREA Coordinator</b>		
Name: Stephanie Huddle	Title: PREA Coordinator	
E-Mail Address: Stephanie.Huddle@nebraska.gov	Telephone Number: 402-479-5660	

## AUDIT FINDINGS

### NARRATIVE:

The PREA Audit was conducted at Omaha Correctional Center on March 11th-13th, 2015. The PREA audit team consisted of Michele Dausat, PREA Auditor, La. PREA Coordinator, Lt. Col. Joel Odom, PREA Investigator, Lt. Col. Keith Turner, PREA Investigator and Brenda Smiley, PREA auditor. We began with an opening meeting that consisted of the Warden, Barb Lewien, Brad McDonnell, Deputy Warden, PREA Compliance Manager, Ron Limbeck, 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 onsite. 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 and 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. Random and specialized interviews of staff and offenders were conducted on March 11th and continued on March 12th. A total of 10 random offender interviews were conducted and one disabled offender. Offenders from each housing unit were interviewed. A total of 10 random staff interviews were completed in addition to all specialized staff interviews. Additional documentation review was conducted and close out meeting concluded audit on March 13th. The staff were courteous and knowledgeable throughout the audit process.

### DESCRIPTION OF FACILITY CHARACTERISTICS

The facility is located in Omaha, Nebraska and houses adult male offenders. The population during the time of the audit consisted of 756 male offenders. The average age range is 19-71. The facility is a minimum/medium/maximum custody facility with the average length of stay varying dependent on the offender. The facility has 16 buildings and four housing units. Cameras are located throughout the facility.

Number of standards exceeded: 0

Number of standards met: 44

Number of standards not met:

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 Ron Limbeck were both interviewed regarding their responsibilities of overseeing compliance.	

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

115.13	SUPERVISION AND MONITORING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
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. OCC considers several forms of documentation when compiling the staffing plan. Operational Memorandum requires unannounced rounds by upper level supervisors to identify and deter sexual abuse. However, upon review of log book entries audit was unable to determine that unannounced supervisory rounds were routinely being completed and documented. Corrective Action for this standard included OCC provide audit team with examples from a variety of unit log books over a period of a few months that reflect rounds by upper level supervisors on all shifts. The staff from Omaha Correctional Center sent staff tour logs from March, April and May ranging from six different housing areas that demonstrated documented unannounced rounds made by supervisors. The number of logs sent totaled 14 pages with various names, positions, dates, times, purpose of visit and employee initials. The documentation provided indicates practice is implemented which meets the requirement of the standard.	

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

relevant review period

Does Not Meet Standard (requires corrective action)

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

This standard is not applicable to OCC.

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

OCC 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. There was one area of concern in the gymnasium bathroom. The toilet was visible to female staff. The staff at OCC corrected the issue immediately onsite and built a barrier that provided privacy for the toilet. 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. OCC has a total of 118 video cameras.

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 audit a non-English speaking offender was interviewed with full time Spanish speaking employee, Estella Finn, serving as interpreter. OCC also utilizes Pamela Dunn for sign language interpreter services.

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

OCC 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)

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

OCC 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. It is included in agency regulation that all expansion, modification or technology will be conducted with the consideration of offender safety against sexual abuse.

115.21                      EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS

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 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 and provided at no cost to the victim. Victim advocates are available to offender victims at OCC. The facility is in the process of securing an MOU with the Nebraska Coalition to End Sexual and Domestic Violence for additional advocacy services.

115.22                      POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR 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

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 (AR 215.02). 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 OCC. OCC provided documentation demonstrating staff at OCC 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. Volunteer Jeffrey Hughes was interviewed and expressed knowledge of PREA and articulated the information taught in training. Training records of Mr. Hughes were provided to demonstrate he had signed for and understood PREA 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. OCC provided signed offender acknowledgements demonstrating offenders received training. Posters were visible throughout the entire prison grounds. A recommendation was made to increase the visibility of the PREA signage specifically in the segregation area so offenders would have access to hotline number

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	
<p>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.</p>	

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	
<p>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.</p>	

115.41	SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS
<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>Offenders are assessed upon intake for their risk of being sexually abusive or abused within 24 hours of their arrival at the facility. OCC had 1153 inmates whose length of stay was 72 hours or more within the past 12 months. 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. OCC 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.</p>	

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. Recommendation was made to implement a system to easily track movements/housing assignments of known victims and/or predators by utilizing the information gathered from screening tool.</p>	

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

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

115.52	EXHAUSTION OF ADMINISTRATIVE REMEDIES	INMATE REPO
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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 policies and procedures are in compliance with this standard and is 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
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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

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. A recommendation was made to include outside victim advocacy information on the brochure that is distributed to offenders at orientation.

115.54	THIRD-PARY REPORTING
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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

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
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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 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

OCC 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
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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

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

115.67	AGENCY PROTECTION AGAINST RETALIATION
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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 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
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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 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
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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

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

115.72 EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS

- Exceeds Standard (substantially exceeds requirement of standard)
- 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. A review of the investigative reports and interviews supported this practice.

115.73 REPORTING TO INMATES

- 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 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)
- 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 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 OCC relative to PREA.

115.77 CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS

- 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 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
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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

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. OCC policy does prohibit consensual sexual contact/activities between inmates.

115.81	MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE
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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

Staff stated 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. However, there was not sufficient documentation to support compliance for this standard. A Corrective Action Plan was agreed upon to develop a procedure of ensuring mental health is offered within 14 days for offenders who have disclosed prior sexual victimization and/or predatory behavior and document referral accordingly. Staff at OCC have already begun to implement changes for this practice. Information is kept as confidential as possible, with information shared for the purpose of housing/living, programming and work assignments. OCC has since changed A.R. 201.13 to include a 14 day follow up meeting with mental health that is satisfactory to this standard. OCC has also provided adequate documentation that the procedure is in place and is effectively being utilized.

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. A recommendation was made to utilize a checklist for all allegations which would include documentation that mental health staff was contacted and offender was offered services.

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 OCC 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.

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

- 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 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 OCC is indicative of their dedication to compliance with standards mandated by PREA. All staff interviewed were very knowledgeable, particularly with their knowledge of policies and procedures and first responder duties. PREA information and posters were readily available for offenders. Warden, Lewien and Deputy Warden McDonnel and staff 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. The officers and support staff at OCC displayed a unique pride about their work, facility and leadership.

**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