

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



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

(This information to be populated automatically from pre-audit questionnaire.)	
Name of facility: Work Ethic Camp	
Physical Address: 2309 North Highway 83, McCook, NE 69001	
Date report submitted: October 17th, 2014	
<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: September 16-17th, 2014	
<b>Facility Information</b>	
Facility mailing address: (if different from above)	
Telephone number: 308-345-8405	
The facility is:	
<input type="checkbox"/> Military	<input type="checkbox"/> County
<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal
<input type="checkbox"/> Private not for profit	<input type="checkbox"/> Federal
	X <input type="checkbox"/> State
Facility Type: <input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager: Deanna Johnson	Title: Assistant Warden
E-Mail Address: deanna.johnson@nebraska.gov	Phone Number: 308-345-8405
<b>Agency Information</b>	
Name of agency: Nebraska Department of Corrections	
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: Mike Kenney	Title: Director of Corrections
E-Mail Address: mike.kenney@nebraska.gov	Telephone Number:
<b>Agency-Wide PREA Coordinator</b>	
Name: Stephanie Huddle	Title: PREA Coordinator
E-Mail Address: Stephanie.Huddle@nebraska.gov	Telephone Number:

## AUDIT FINDINGS

### NARRATIVE:

The PREA Audit was conducted at the Work Ethic Camp September 16-17, 2014. The PREA audit team consisted of Michele Dausat, PREA auditor, La. PREA Coordinator and Arthur Crews, PREA auditor, Lt. Colonel, LADOC. 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, with on-call nurses after hours. Mental Health services are available to offenders on a routine basis. In the event of an offender sexual assault, the offender would be sent North Platte Nebraska Great Plains Regional Medical Center for a SAFE and SANE exam. The facility maintains a partnership with the local Domestic Abuse/Sexual Assault Service in McCook. I contacted Donna Goad, Director of the Domestic Abuse/Sexual Assault Center to verify relationship. The center will provide victim advocacy services to any offender victim of sexual assault. All medical and mental health staff have received specialized medical and mental health training relative to Sexual Assault. The training curriculum for Investigative staff was remarkable, the facility exceeds 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. The Catholic Priest was contacted to verify training of the volunteers. The Priest verified that sexual/inappropriate behavior was not tolerated and verified he had received and understood training relative to PREA. Interviews of staff and offenders were conducted on September 16 and continued on September 17th. Offender from each housing unit were interviewed, as well as all categories of offenders as required. Additional documentation review was conducted and close out meeting concluded audit on September 17th. 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 McCook, Nebraska and houses minimum security, adult male offenders. The population during the time of the audit consisted of 183 adult male offenders. The average age range is 19-57, with no youthful offenders housed at the facility. The facility is a minimum custody facility with the average length of stay varying dependent on the offender. The facility has three buildings and five housing units. The facility does not have any segregation and/or disciplinary cells. Cameras are located throughout the facility.

Number of standards exceeded: 1

Number of standards met: 43

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 Policies were clear and precise regarding zero tolerance of sexual assault. Offender rule book defines sanctions for those found to have participated in prohibited behavior. Org Chart included.	

115.12	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard There were three contracts with private entities noted. I was never able to speak with agency level contract personnel to inquire about procedure; however, Coordinator and Compliance Manager were able to answer all questions.	

115.13	SUPERVISION AND MONITORING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard This standard was met through the compilation of several documents, specifically the Institutional Risk Assessment with supporting documentation of annual report, meeting minute notes. Although this documentation was sufficient I strongly recommend to include all factors of this standard in one developmental plan specific to PREA and facility needs.	

115.14	YOUTHFUL INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard This standard was not applicable to this specific facility.	

115.15	LIMITS TO CROSS GENDER VIEWING AND SEARCHES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
WEC staff does not conduct cross gender strip or body cavity searches. An example of their logging form was provided to show how such searches would be documented if they occur. 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.	

115.16	INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Agency utilizes interpreter service for all non English speaking inmates.	

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	
WEC does not hire or promote individuals who have engaged or been convicted of sexual abuse/assault in a confinement setting or in the community, or who have been civilly adjudicated of such an incident. Occurrences of sexual harassment are taken into consideration when determining whether or not to promote a staff member. Potential employees undergo a thorough background check, as do contractors who may have contact with inmates. Background checks are conducted every five years on current employees. Potential employees are asked about any prior incidents of sexual abuse/assault with the understanding omitting or falsifying information may result in termination..	

115.18	UPGRADES TO FACILITIES AND TECHNOLOGY
<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

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

115.21

EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

All criminal investigations are completed by the Nebraska State Patrol. There are also two criminal investigator in the department. Forensic exams are conducted off-site by SANEs and provided at no cost to the victim. Victim advocates are available to inmate victims.

115.22

POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

All allegations meeting PREA criteria are investigated, either internally (administrative) or externally (criminal). All allegations within the past 12 months were investigated. The NDCS website provides information regarding the responsibility to investigate criminal allegations

115.31

EMPLOYEE TRAINING

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

All staff interview were very knowledgeable and reflected understanding of institutional PREA training. Policies were compliant with standard and documentation of training curriculum and training records were provided.

115.32

VOLUNTEER AND CONTRACTOR TRAINING

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

Documentation provided demonstrates all Volunteers and Contractors are adequately trained in PREA. Interview with Catholic Priest confirmed training of volunteer relevant to PREA.

115.33 INMATE EDUCATION

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

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

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

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 exceeded the standard in this category with several trained investigators and an excellent training curriculum. Investigators complete training specific to conducting PREA investigations. The training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria required to substantiate an administrative case. Documentation is maintained showing staff attended the training.

115.35 SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE

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

115.41	SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS
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- Exceeds Standard (substantially exceeds requirement of standard)  
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
 Does Not Meet Standard (requires corrective action)

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

Inmates are assessed upon intake for their risk of being sexually abusive or abused within 24 hours of their arrival at the facility. WEC had 183 inmates whose length of stay was 72 hours or more; 100% of these inmates were screened. The intake screening form utilized contains all 10 required elements. Policy requires inmates be screened a second time within 30 days should additional, relevant information come to light and inmates are reassessed when warranted. WEC policy prohibits inmates from being disciplined for refusing to answer any questions during the screening process. The facility implements appropriate controls regarding dissemination of information.

Suggestion was made to amend screening tool to include a few relevant factors in the standard...Note this was done on sight and new form is being used

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

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

The information gathered from the screening tool is used appropriately as mandated by the standard. The facility procedures and policies are in compliance with this standard. Information from screening is used when placing inmates in housing, work or programming assignments. Any housing/programming for transgender inmates is decided on a case-by-case basis; policy is in place ensuring placement of transgender and intersex inmates is reviewed at least twice each year. Policy also ensures transgender inmates' own views regarding their safety will be given consideration and they are given the opportunity to shower separately.

115.43	PROTECTIVE CUSTODY
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- Exceeds Standard (substantially exceeds requirement of standard)

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

115.51	INMATE REPORTING
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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 and practice are in compliance with this standard. Information on reporting was visible and adequately accessible to all offenders. Inmates have multiple methods to report allegations of abuse/harassment. During interviews, all inmates were aware of how they could report an incident. Inmates have both an outside reporting mechanism and an anonymous hotline available to them. Staff are required to accept all reports, and expressed understanding of this policy during interviews. Staff were also aware they could call a reporting hotline in order to report an allegation privately.

115.52	EXHAUSTION OF ADMINISTRATIVE REMEDIES	INMATE RI
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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

All policies and procedures are in compliance with this standard.

115.53	INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES	INMATE RI
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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

Inmates have access to outside victim support services. The provider of these services was interviewed and was able to clearly articulate procedures for assisting incarcerated victims. Flyers and posters, observed during the tour, were also readily available at the facility. Inmates understand the

confidentiality requirements of these services

115.54 THIRD-PARY REPORTING

- 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

This standard was not met initially because the agency does not yet have a means to publicly distribute the information on how to report offender sexual abuse. The CAP was to add to NDCS website instructions on third party reporting. Since the audit, this has been implemented by publication on the NDCS website. This standard is now in compliance

115.61 STAFF AND AGENCY REPORTING DUTIES

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

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

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

115.62 AGENCY PROTECTION DUTIES

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

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

Agency has in place policies and procedures for immediate action to protect offenders from sexual abuse. All staff were extremely knowledgeable regarding agency protection duties.

115.63 REPORTING TO OTHER CONFINEMENT FACILITIES

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

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

All policies and practices are in compliance with this standard.

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115.64	STAFF FIRST RESPONDER DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	
X <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. There have been no substantiated cases in the past 12 months.	

115.65	COORDINATED RESPONSE
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	
X <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
<input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
At the time of review, the facility did not have the coordinated response in a written format although the coordinated response was referenced and taught in training. A recommendation was for the facility to develop a written plan to reflect what the practice was for an institutional coordinated response. Facility developed a written plan that is satisfactory for the compliance of the standard.	

115.66	PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	
X <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. WEC 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)	
X <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

- 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. Existing policy prohibits placing inmates who allege they suffered sexual abuse in involuntary protective custody unless no other reasonable means to ensure safety can be determined.

115.71

CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS

- 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. There were no such investigations since August 2012. 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

- 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 WEC 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 inmates are prohibited from contact with them and referred to relevant licensing bodies, as well as Nebraska State Patrol when the alleged act may be criminal in nature. Appropriate remedial measures are taken for other violations of PREA policy

115.78

DISCIPLINARY SANCTIONS FOR INMATES

Exceeds Standard (substantially exceeds requirement of standard)

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

Inmates are subject to discipline for perpetrating sexual abuse and harassment. There were no instances of substantiated administrative or criminal findings an inmate perpetrated sexual abuse. Sanctions are commensurate with past history, the nature of the offense and comparable sanctions given to other inmates for the same type of misconduct, along with consideration to an inmate's mental health status, including the consideration of therapy. Inmates are not disciplined for having sexual contact with staff, unless the staff member did not consent to the contact. Inmates are not disciplined for making reports in good faith, even if the allegation is determined to be unfounded. WEC policy does prohibit consensual sexual contact/activities between inmates

115.81	MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard All documentation provided proves compliance with the requirements of this standard. Inmates are offered a follow-up meeting with medical or mental health staff within 14 days if they disclose prior sexual victimization or perpetration during risk screening. 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
<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 Facility has excellent coverage for medical and mental health services. Inmates have adequate access for emergency services in accordance with this standard. Inmate victims receive timely access and information regarding treatment and available treatment options, including emergency contraception and sexually transmitted infections. All treatment is provided at no cost to the inmates	

115.83	ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS
<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 meets all requirements as mandated by this standard. All inmate victims, regardless of whether abuse occurred at WEC or another confinement facility, are offered medical and mental health evaluations, including testing for sexually transmitted infections. Such treatment includes plans for follow-up care in the event they are transferred to another facility or released from custody. If circumstances require, inmates may receive pregnancy tests if they choose. All treatment is provided at no cost to the inmates. WEC has policy in place ensuring staff attempt to conduct a mental health evaluation of inmates who abuse other inmates.	

115.86	SEXUAL ABUSE INCIDENT REVIEWS
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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

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

115.87	DATA COLLECTION
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- Exceeds Standard (substantially exceeds requirement of standard)  
 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
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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

Initially, the information on the annual report was not readily available to the public causing the agency to not meet this standard. Corrective Action Plan recommended was to add relevant information to NDCS website so that information is accessible to the public per the requirement of the standard. This has since been completed, the standard is met through publication of information via agency website

115.89	DATA STORAGE, PUBLICATION, AND DESTRUCTION
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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

Initially, the information on the annual report was not readily available to the public causing the agency to not meet this standard. Corrective Action Plan recommendation was to add relevant information to

NDCS website so that information is accessible to the public per the requirement of the standard. This has been completed, the standard is met through the publication of the information via agency website

**SUMMARY OF AUDIT FINDINGS:**

The auditors were impressed at the work being completed at both the agency and facility level. Deanna Johnson, PREA Compliance Manager, showed knowledge and dedication to ensuring that NE Work Ethic Camp is in complete 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 Johnson and Stephanie Huddle have done a remarkable job developing relationships with community resources to have available for offender victims. 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 Morello. She exhibits her dedication and loyalty to the NDCS through her efforts to ensure WEC is operated with knowledgeable, personable and professional staff. It was clear that PREA is a priority and staff are dedicated to the safety of offenders, staff, visitors and the public.

**AUDITOR CERTIFICATION:**

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

*Michele Daurat, LSW, PREA Auditor*  
Auditor Signature

1-5-15  
Date