

# Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim       Final

**Date of Interim Audit Report:** [Click or tap here to enter text.](#)       N/A  
*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:** 10/01/2020

## Auditor Information

<b>Name:</b> Chris Sweney	<b>Email:</b> csweney.prea@gmail.com
<b>Company Name:</b> Sweney Group LLC	
<b>Mailing Address:</b> P.O. Box 8840	<b>City, State, Zip:</b> Omaha, NE 68108
<b>Telephone:</b> (402) 658-0344	<b>Date of Facility Visit:</b> 08/10/2020 – 08/11/2020

## Agency Information

<b>Name of Agency:</b> Nebraska Department of Correctional Services			
<b>Governing Authority or Parent Agency (If Applicable):</b> State of Nebraska			
<b>Physical Address:</b> Folsom & W. Prospector Place Bldg. #1		<b>City, State, Zip:</b> Lincoln, NE 68522	
<b>Mailing Address:</b> PO Box 94661		<b>City, State, Zip:</b> Lincoln, NE 68509-4661	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency Website with PREA Information:</b> <a href="https://corrections.nebraska.gov/about/prison-rape-elimination-act-0">https://corrections.nebraska.gov/about/prison-rape-elimination-act-0</a>			

## Agency Chief Executive Officer

<b>Name:</b> Scott Frakes	
<b>Email:</b> scott.frakes@nebraska.gov	<b>Telephone:</b> (402) 471-2654

## Agency-Wide PREA Coordinator

<b>Name:</b> Danielle Reynolds	
<b>Email:</b> danielle.reynolds@nebraska.gov	<b>Telephone:</b> (402) 479-5660
<b>PREA Coordinator Reports to:</b> Mark Rumery	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> 9

Mark Rumery - Agency Security Administrator	10
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### Facility Information

Name of Facility: Community Corrections Center of Omaha

Physical Address: 2320 East Avenue J City, State, Zip: Omaha, NE 68110

Mailing Address (if different from above):  
Click or tap here to enter text. City, State, Zip: Click or tap here to enter text.

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Facility Website with PREA Information: <https://corrections.nebraska.gov/about/prison-rape-elimination-act-0>

Has the facility been accredited within the past 3 years?  Yes  No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

- ACA
- NCCHC
- CALEA
- Other (please name or describe: Click or tap here to enter text.)
- N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:  
Click or tap here to enter text.

### Facility Director

Name: Ryan Mahr

Email: ryan.mahr@nebraska.gov Telephone: (402) 595-2010

### Facility PREA Compliance Manager

Name: David Erickson

Email: david.erickson@nebraska.gov Telephone: (402) 595-2010

### Facility Health Service Administrator N/A

Name: Todd Falter

Email: Todd.Falter@nebraska.gov Telephone: (402) 595-3964

### Facility Characteristics

Designated Facility Capacity: 90

<b>Current Population of Facility:</b>	162
<b>Average daily population for the past 12 months:</b>	163
<b>Has the facility been over capacity at any point in the past 12 months?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Which population(s) does the facility hold?</b>	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
<b>Age range of population:</b>	18-85
<b>Average length of stay or time under supervision</b>	2.98 years within the department
<b>Facility security levels/resident custody levels</b>	Community A & B
<b>Number of residents admitted to facility during the past 12 months</b>	258
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	258
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	258
<b>Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</b>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input checked="" type="checkbox"/> N/A
<b>Number of staff currently employed by the facility who may have contact with residents:</b>	39
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>	3
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>	7
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	4
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	4

## Physical Plant

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	3
<p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	0
<p><b>Number of single resident cells, rooms, or other enclosures:</b></p>	0
<p><b>Number of multiple occupancy cells, rooms, or other enclosures:</b></p>	45 (44 4-person rooms and 1 3-person room)
<p><b>Number of open bay/dorm housing units:</b></p>	0
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

<p><b>Are medical services provided on-site?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Where are sexual assault forensic medical exams provided? Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
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**Investigations**

**Criminal Investigations**

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	2
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<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A
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**Administrative Investigations**

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	2
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<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A
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# Audit Findings

## Audit Narrative (including Audit Methodology)

The PREA audit of the Nebraska Department of Corrections Community Corrections Center Omaha (CCC-O) was conducted August 10-11, 2020 by Chris Sweney, U.S. Department of Justice Certified PREA Auditor. The audit began with the notification of the on-site audit being posted six weeks prior to the date of the on-site audit. The facility's last PREA audit was conducted on July 15 - 16, 2019. The notices of the audit verified by photographs received in a flash drive from facility PREA Compliance Manager and during the tour. The audit notices explained how to confidentiality contact the auditor prior to, during and after the on-site visit. Throughout the entire audit process, the auditor did not receive any communication from staff or from residents as outlined in the posted notices.

The auditor completed a full documentation review prior to the on-site visit using the Pre-Audit Questionnaire, policies, procedures, and supporting documentation for all relevant standards. Pre-audit documentation provided to the auditor on a USB flash drive four weeks before the audit. Additional documentation was provided to the auditor as needed during the on-site visit and during the 30 days following the audit.

The on-site audit was conducted August 10-11, 2020. An entrance briefing was conducted with the Warden, Acting PREA Compliance Manager, and NDCS PREA Coordinator, and other administrative staff. During the entrance briefing, the audit process was explained and a tentative schedule for the next two (2) days to include facility tour, interviews with the staff and residents and reviewing additional documentation. A full tour of the facility was conducted including administrative offices, multipurpose rooms, visitation, lobby, common area and resident rooms.

During the tour, residents were observed to be under direct supervision buy staff while involved in various activities. Postings with PREA reporting and outside service information was seen in all areas of the facility. The auditor also reviewed logbooks during the tour for PREA related documentation such as unannounced rounds and cross gender announcements.

During the two (2) day on-site visit, there were a total of one hundred and seventy-eight (178) male residents in the facility. Twenty (20) male residents were randomly selected from forty-five (45) resident rooms. A roster of residents was provided by the Acting PREA Compliance Manager. The auditor randomly selected residents from the full roster sorted by wing to ensure all areas were represented. There were four (4) residents that were identified for targeted interviews. Two (2) residents who are Limited English Proficient (LEP) were interviewed through the use of the facilities language line, one (1) resident with a physical disability and one (1) resident who identified as being gay were interviewed. All resident interviews indicated they were well informed of their right to be free from sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment.

Victim's advocacy service and telephone numbers and addresses are available to the residents on posters throughout the facility. The NDCS has a Memorandum of Understanding with the Nebraska Coalition to End Sexual & Domestic Violence to provide free confidential crisis intervention and emotional support services related to sexual abuse or sexual assault to residents. Residents seeking services can call the telephone number at no cost to the resident. . The facility also provides pamphlets "What You Need to Know About Sexual Assault" and identifies for the residents to call or write the Ombudsman's Office or the Prison Advocacy Coordinator. NDCS-CCC-O utilizes Methodist Hospital (SANE certified) to provide emergency services and forensic medical examinations at no financial cost to the victim

Six-teen (16) staff were formally interviewed including nine (9) staff from three (3) shifts (supervisory and floor staff), Warden; Acting PREA Compliance Manager; NDCS Criminal Investigator; (1) facility investigator; (2) upper level management; (1) medical staff; (1) mental health staff; (1) human resources; (1) risk screening staff/intake; (1) volunteer were interviewed during the two (2) days of the on-site visit. Additionally, interview notes NDCS Director's representative (Chief of Operations) was provided to the auditor by Dorothy Xanos, Certified PREA Auditor from a previous audit.

At the end of the third day, an exit briefing with a summary of the findings was conducted with the Warden and Acting PREA Compliance Manager. At the exit briefing, the auditor gave an overview of the audit and steps going forward.

Following the onsite review, the auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide in determining compliance with each standard. To determine compliance, this auditor used the information and documentation provided during the pre-audit, information obtained during the staff and resident interviews as well as observations during the onsite review.



## Facility Characteristics

Nebraska Community Corrections Center of Omaha (CCC-Omaha) is a community based correctional facility located in Omaha, Nebraska and governed by the Nebraska Department of Correctional Services. This facility was established in 1985. The facility houses both male residents who are classified at community custody level for work detail assignments and placement for community employment. The CCC-Omaha's staff prepares residents for transition by providing incentives for resident individual treatment needs, develop employment skills through on the job training, educational or vocational opportunities. The current designed capacity of the facility is 90 male resident beds located in three (3) separate wings of a housing unit. The average age of the residents is between 18-85 years old. There were one hundred and seventy-eight (178) male residents at the facility at the time of the on-site visit. Also, the facility is accredited through the American Correctional Association (ACA).

Community Corrections Center of Omaha has three (3) buildings, administration/program and the housing unit with three (wings). The main building is a secure entrance into the lobby area with administrative and program offices, visitation area, multi-purpose area, kitchen/dining area, laundry area, food service area (freezer, refrigerator, and dry goods/food storage), maintenance, and outdoor recreational area. The facility has an outdoor recreation area with a basketball court, exercise/weight area, horseshoe, walking track, tables/chairs/picnic tables and garden area. There are three wings that have dayrooms, shower/bathroom areas and forty (40) bedrooms with four (4) bunk beds, TV stand, desk and chair. Each wing has a laundry area.

Community Corrections Center of Omaha is staffed with thirty-nine (39) full-time, part-time and one (1) education staff, with various groups of volunteers providing religious services to residents. Also, the facility utilizes the medical and mental health staff from the Omaha Correctional Center. The staff consisted of: Corrections Warden, Corrections Assistant Warden/PREA Compliance Manager (PCM), (2) Corrections Sergeants, (12) Corrections Corporals (Road Crew, Transportation and Grounds), (7) Corrections Unit Case Managers, (10) Corrections Unit Case Workers, (6) other staff (accounting, administrative, and maintenance).



## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

### Standards Exceeded

**Number of Standards Exceeded:** 3

**List of Standards Exceeded:** 115.11, 115.31 and 115.42

### Standards Met

**Number of Standards Met:** 36

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** Click or tap here to enter text.

## PREVENTION PLANNING

### Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### The following evidence was analyzed in making compliance determination:

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. CCC-O Sexual Assault/Abuse OM #203.11.1
3. CCC-O Organizational Chart

Interviews:

1. Warden Interview

## 2. Acting PREA Compliance Manager

### Site Review Observations:

#### 1. Observations during on-site review of physical plant

- (a) The Nebraska Department of Correctional Services (NDCS) has an agency wide policy (*Sexual Assault/Abuse #203.11*) mandating zero tolerance relating to sexual assault, sexual abuse and sexual harassment. The Community Corrections Center - Omaha has a written facility operational memorandum (*Sexual Assault/Abuse #203.11.1*) mandating zero tolerance relating to sexual assault, sexual abuse and sexual harassment.
- (b) The written policy and operational memorandum both discuss the agency's approach to training employees, volunteers and contractors preventing, detecting, and responding to sexual assault, sexual abuse and sexual harassment. Both documents also address the staff's duty to report.
- (c) NDCS has a designated agency wide PREA Coordinator who reports to the NDCS Security Administrator. During her interview, she stated that as the "PREA Coordinator she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards".
- (d) NDCS operates ten (10) facilities across the state. Each facility has a designated PREA Compliance Manager who reports to the Agency PREA Coordinator. CCC-O's Assistant Warden is designated as the PREA Compliance Manager for the facility. CCC-O's Assistant Warden was not available during the onsite audit however the Acting Compliance Manager reported during her interview that they has sufficient time to develop, implement and oversee the facilities efforts.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## **Standard 115.212: Contracting with other entities for the confinement of residents**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.212 (a)**

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

#### **115.212 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards?

(N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

### 115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### The following evidence was analyzed in making compliance determination:

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. CCC-O PREA Audit: Pre-Audit Questionnaire
3. Agreements for Confinement

### Interviews:

1. Acting PREA Coordinator interview

### Site Review Observations:

1. Observations during on-site review of physical plant

NDCS Sexual Assault/Abuse Policy #203.11 describes when the department contracts for the confinement of residents with other entities, including other government agencies, any new contract or contract renewal will include the contractor's obligations to adopt and comply with all federal, state, and local laws, regulations and ordinances including the Prison Rape Elimination Act (PREA).

Provided documentation shows NDCS has seven (7) contracts for the confinement of residents with seven County Jails. A review of all seven agreements contained the contractor's obligations to adopt and comply with the DOJ PREA Standards. Also, the agreements require the contract facilities to have a PREA Audit conducted by a certified DOJ PREA auditor and provide a copy of the report to NDCS. An interview with the NDCS PREA Coordinator confirmed the County Jails are monitored on a scheduled basis by NDCS to ensure compliance with the PREA standards.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.213: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
  - Yes  No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
    - Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
  - Yes  No  NA

#### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. NDCS Personnel Review Policy #112.09
3. CCC-O PREA Audit: Pre-Audit Questionnaire
4. CCC-O 2019 Annual Assessment
5. Unannounced Rounds Log
6. Daily Population Report for the past twelve (12) months

### Interviews

1. Warden Interview
2. Acting PREA Compliance Manager
3. Intermediate or higher level facility staff interviews
4. Facility Tour

### Site Review Observations:

1. Observations during on-site review of physical plant
  - (a) The NDCS-CCC-O has a staffing plan which has adopted generally accepted detention and correctional practices. PREA Standards are reviewed annually and changes are made as necessary. CCC-O's most recent PREA Assessment is dated 4/25/2019. There have been no judicial findings of inadequacy nor have there been any findings of inadequacy from Federal investigative agencies. The CCC-O has not received any findings of inadequacy from internal or external oversight bodies. Information from the assessment is used to determine where additional supervision is necessary, where supervisory coverage is necessary and where additional cameras may be needed. The CCC-O monitors the composition of the resident population on a daily basis and uses this information to justify staffing for coverage for the

resident population. The CCC-O requires supervisors to visit each housing unit at least once per shift.

- (b) The CCC-O does not deviate from the staffing plan. This was discussed and confirmed in staff interviews
- (c) The CCC-O has not deviated from the staffing plan in the last 12 months.

NDCS Sexual Assault/Abuse Policy #203.11 addresses that "Staff is strictly prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility." The CCC-O provided copies of their Supervisory Rounds Log with the pre-audit documentation which shows this as a regular practice.

## Standard 115.215: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)  
 Yes  No  NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.)  Yes  No  NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents).  Yes  No  NA

#### 115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No

- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### The following evidence was analyzed in making compliance determination:

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. CCC-O Sexual Assault/Abuse OM #203.11.1
3. PREA Standards Compliance Checklist

4. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
5. Staff Tour Logs
6. NDCS Staff Training Academy Outline – Searches
7. NDCS Trainer Power Point (Searches) including how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents
8. Facility Shift Rosters

Interviews:

1. Warden Interview
2. Acting PREA Compliance Manager
3. Random Staff Interviews
4. Random Resident Interviews

Site Review Observations:

1. Observations during on-site review of physical plant
  - (a) NDCS Sexual Assault/Abuse Policy #203.11 and CCC-O Sexual Assault/Abuse OM #203.11.1 states staff will not conduct cross-gender strip searches or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Per policy, all strip searches are documented. There were ten (10) random staff interviews conducted and staff reiterated that they have not conducted cross-gender strip searches or cross gender visual body cavity searches. Random resident interviews also confirmed they have not been strip searched or received a visual body cavity search by a staff member of the opposite sex.
  - (b) The NDCS-CCC-O does not house female residents.
  - (c) The NDCS-CCC-O does not house female residents.
  - (d) NDCS Sexual Assault/Abuse Policy #203.11 and CCC-O Sexual Assault/Abuse OM #203.11.1 states the CCC-O implements policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. NDCS Policy requires staff to announce their presence when entering housing units with residents of a different gender. Staff interviews reiterated that they announce themselves or will announce staff of a different gender prior to entering the housing unit. Resident interviews indicated that announcements by staff are done on a consistent basis.
  - (e) NDCS Sexual Assault/Abuse Policy #203.11 states that residents are not searched or physically examined for the sole purpose of determining the genital status. If the resident's genital status is unknown, CCC-O staff will initiate a conversation with the resident in a professional manner in a private setting in order to preserve confidentiality. There were no transgender residents at CCC-O during the onsite portion of the audit.
  - (f) NDCS Sexual Assault/Abuse Policy #203.11 states that unless an emergency or other special situation exists, pat searches should be conducted by staff of the same gender as the resident. All staff is trained how to conduct searches of transgender and intersex

residents in a professional manner and in the least intrusive manner possible that is consistent with security needs.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## **Standard 115.216: Residents with disabilities and residents who are limited English proficient**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.216 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### The following evidence was analyzed in making compliance determination:

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. NDCS ADA Policy #004.01

Interviews:

1. Warden Interview
2. Acting PREA Compliance Manager
3. Random Staff Interviews
4. Limited English Speaking Resident Interviews

Site Review Observations:

1. Observations during on-site review of physical plant
  - (a) As previously stated, the NDCS-CCC-O has a written policy, mandating zero tolerance relating to sexual abuse and sexual harassment. The NDCS takes steps to ensure that limited English speaking resident, residents with disabilities, and those who have a speech disability have an equal opportunity to participate in PREA education. The CCC-O has Spanish speaking staff and utilizes an interpreter service when necessary.
  - (b) The CCC-O takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.
  - (c) The CCC-O refrains from relying on resident interpreters, resident readers or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety. Staff interviews reaffirmed the use of a contract interpretive service or another staff member to interpret with a limited English-speaking resident.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.217: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### The following evidence was analyzed in making compliance determination:

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. NDCS Employee Selection Policy #112.03
3. NDCS Teletype Operations Policy #010.06
4. NDCS Reference Check Form
5. NDCS Personal Information for Security Check Form
6. NDCS Non-Scored Interview Questions

Interviews:

1. Warden Interview
2. Agency PREA Coordinator
3. Acting PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

- (a) The NDCS-CCC-O conducts background investigations for new hires as well as for staff being considered for a promotion. NDCS Employee Selection Policy #112.03 states: *The site (CCC-O) HR contact will initiate the criminal history review through the established centralized security check process after interviews are conducted. Central Office Human Resources will make decisions if the individual should be considered for employment. If approval is given for consideration, the applicant shall go through the established selection process.*
- (b) NDCS Sexual Assault/Abuse Policy #203.11 indicates that: *“Any incidents of sexual harassment will be taken into consideration when determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with residents.”*
- (c) NDCS Employee Selection Policy #112.03 states: *“Employment reference checks will be conducted not only for outside applicants but for internal applicants as well in order to verify current work records. The hiring manager shall request a review of the employee’s personnel file, as well as a review of supervisory counseling, formal and informal, for this purpose.”* This includes efforts to contact any prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
- (d) NDCS Sexual Assault/Abuse Policy #203.11 requires a criminal background records check before enlisting the services of any contractor who may have contact with residents
- (e) NDCS Employee Selection Policy #112.03 requires criminal background records checks every five years of current employees and each year for contractors who may have contact with residents.
- (f) NDCS asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions  
  
NDCS asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees  
  
NDCS Code of Ethics and Conduct Policy #112.31states: *“Any team member who is arrested or issued a citation for a violation of the law, other than a minor traffic violation, must immediately notify the Warden/Program Administrator of his/her alleged violation of law.”* This would include any sexual misconduct.
- (g) NDCS Employee Selection Policy #112.03 states *“Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.”*

The NDCS provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.218: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

#### 115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### The following evidence was analyzed in making compliance determination:

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. CCC-O Facility Diagrams

Interviews:

1. Warden Interview
2. Acting PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

- (a) NDCS Sexual Assault/Abuse Policy #203.11 requires the consideration of any new design, acquisition, expansion, or modification on the agency's ability to protect residents from sexual abuse. During this Audit Period, The Community Corrections Center Omaha has not designed or acquired any new facility or expanded the existing facility since their last audit.
- (b) Protection of residents from sexual abuse through the installation of electronic surveillance and other technology is continuously evaluated. During this Audit Period, The Community Corrections Center Omaha has not added any new electronic surveillance equipment since their last audit.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.221 (g)

- Auditor is not required to audit this provision.

## 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### The following evidence was analyzed in making compliance determination:

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. MOU - Nebraska Coalition to End Sexual and Domestic Violence
3. NDCS - Facility Checklist for Incidents of Sexual Assault/Abuse

### Interviews:

1. Warden Interview
2. Agency PREA Coordinator
3. Acting PREA Compliance Manager

### Site Review Observations:

#### Observations during on-site review of physical plant

- (a) The NDCS is responsible for administrative and criminal investigations and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. Random staff interviews shows staff are trained and understand their responsibilities to preserve, collect and properly handle evidence.
- (b) NDCS protocol is appropriate for youthful offenders.
- (c) NDCS-CCC-O offers all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Interviews with the PREA Compliance Manager and Medical staff reiterated that all victims of sexual abuse are

offered forensic examinations. Forensic medical examinations are completed at Methodist Women's Hospital by qualified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

- (d) NDCS has an agreement with the Nebraska Coalition to End Sexual and Domestic Violence to provide the victim with a victim advocate.
- (e) Interviews conducted with the PREA Compliance Manager and Medical staff reiterated that as requested by the victim, victim advocate, agency staff member, or community-based organization the victim will receive support through the forensic medical examination process and investigatory interviews. The victim advocate may also provide on-going emotional support, crisis intervention, and referrals for other services
- (f) This provision is Not Applicable; the NDCS is responsible for administrative and criminal investigations.
- (g) The auditor is not required to audit this provision
- (h) This provision is Not Applicable; NDCS refers these services to Nebraska Coalition to End Sexual and Domestic Violence for access to a victim advocate.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

## Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### 115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)  Yes  No  NA

### 115.222 (d)

- Auditor is not required to audit this provision.

### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### The following evidence was analyzed in making compliance determination:

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. NDCS Website - <https://corrections.nebraska.gov/about/prison-rape-elimination-act-0>

### Interviews:

1. Warden Interview
2. Agency PREA Coordinator
3. Acting PREA Compliance Manager
4. Agency Personnel Investigator Interview

### Site Review Observations:

#### Observations during on-site review of physical plant

- (a) NDCS Sexual Assault/Abuse Policy #203.11 ensures all allegations of sexual abuse and sexual harassment to the NDCS PREA Coordinator to review the complaint and determine if the facility staff will conduct the investigation. If the allegation appears to be criminal in nature the NDCS PREA Coordinator will consult with the Agency Personnel Investigator for assignment to an NDCS Criminal Investigator. If referred to the facility, the NDCS PREA Coordinator will contact

the facility's PREA Compliance Manager and assign the investigation a case number in the Investigator's Case Management Data Base for completion of an administrative investigation. The PREA policy can be found on the Nebraska state's website and information can be found in their PREA pamphlet "What You Need to Know About Sexual Assault" that is available in English and Spanish. Interviews conducted with the PREA Coordinator and the Agency Personnel Investigator confirmed all administrative and criminal investigation is completed.

- (b) The NDCS Sexual Assault/Abuse Policy is on their website (<https://corrections.nebraska.gov/about/prison-rape-elimination-act-0>) stating that all residents have the right to be safe from sexual abuse and harassment. Their policy discusses how staff will receive allegations and who is responsible for investigations.

NDCS Sexual Assault/Abuse Policy #203.11 requires staff to document all incidents of sexual abuse and forward them to the NDCS PREA Coordinator.

- (c) Information on the NDCS website clearly explains who is responsible for investigations.

*PREA Investigations*

*All PREA allegations are reviewed. Staff members throughout the agency have received specialized training to conduct investigations regarding allegations of sexual abuse and harassment in confinement.*

*NDCS law-enforcement-certified investigators have specialized training to conduct investigations regarding sexual assault in confinement. NDCS works closely with the Nebraska State Patrol in investigating criminal allegations and incidents.*

*The possible outcomes of PREA investigations are:*

*Substantiated: The allegation was investigated and determined to have occurred*

*Unsubstantiated: The allegation was investigated and there was insufficient evidence to make a final determination as to whether or not the event occurred*

*Unfounded: The allegation was investigated and determined not to have occurred*

- (d,e) Auditor is not required to audit these provisions

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No

#### 115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.231 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### The following evidence was analyzed in making compliance determination:

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. CCC-O Sexual Assault/Abuse OM #23.11.001
3. PREA Standards Compliance Checklist
4. CCC-O Pre-Audit Questionnaire (Community Corrections)
5. NDCS Training Transcripts
6. NDCS PREA Training – power point & study guide & test
7. NDCS PREA Refresher Training curriculum (PREA Refresher: Prison and Jails PREA Basics)
8. NDCS Employee Handbook

#### Interviews:

1. Warden Interview
2. Agency PREA Coordinator

3. Acting PREA Compliance Manager
4. Random Staff Interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) NDCS-CCC-O provides all staff with training which includes their zero tolerance policy, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies, residents' right to be free from sexual abuse and sexual harassment, the right of residents and employees to be free from retaliation for reporting abuse and all other components of this standard.
- (b) NDCS-CCC-O staff receives training tailored to the gender of the residents, CCC-O is a male only facility and training records reviewed demonstrated a distinction in training. All staff receives this training regardless of whether or not they are reassigned from another facility.
- (c) All current employees who have contact with residents have received training. A review of the staff training records and random staff interviews confirm training was received.
- (d) NDCS-CCC-O has completion reports which verify they have received the training and understand the training they have received. Upon completion of the lesson plan, staff is required to complete a test over the material. Staff interviews confirmed this process.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.232: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

#### 115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### The following evidence was analyzed in making compliance determination:

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11  
CCC-O Sexual Assault/Abuse OM #23.11.001
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. NDCS Volunteer Orientation, PREA and Employee Boundaries: Sexual Abuse Awareness training
5. Resident Sexual Assault/Abuse Agreement for Volunteers and Contractors form
6. NDCS Volunteer Orientation Handbook

### Interviews:

1. Warden Interview
2. Agency PREA Coordinator
3. Acting PREA Compliance Manager
4. Contract Staff Interviews

### Site Review Observations:

Observations during on-site review of physical plant

- (a) NDCS-CCC-O ensures that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors are provided information based on the level of services they provide and the level of contact that they will have with the residents. Interviews conducted confirmed that volunteers and contractors received this information prior to entering the facility.
- (b) All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and harassment. Volunteers and

contractors are informed how to report such incidents. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents and their training is tailored during orientation.

- (c) NDCS-CCC-O maintains documentation confirming that volunteers and contractors understand the training they have received. Upon receipt of the PREA information, volunteers and contractors are required sign and acknowledge they understand the material.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.233: Resident education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  Yes  No

#### 115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

#### 115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  Yes  No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  Yes  No

#### 115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### The following evidence was analyzed in making compliance determination:

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11 Sexual Assault/Abuse
2. CCC-O OM #23.11.001
3. PREA Standards Compliance Checklist
4. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
5. Sexual Assault Orientation power point presentation (English & Spanish)
6. NDCS PREA pamphlet “Sexual Assault Awareness” (English & Spanish)
7. Orientation Program form

#### Interviews:

1. Agency PREA Coordinator
2. Acting PREA Compliance Manager
3. Admissions Staff Interviews
4. Random Resident Interviews

## Site Review Observations:

### Observations during on-site review of physical plant

- (a) During intake, residents receive and sign for a *Sexual Assault Awareness* pamphlet explaining the agency's zero-tolerance policy towards sexual abuse and sexual harassment.
- (b) The NDCS-CCC-O provides education to residents about their rights to be free from sexual abuse and sexual harassment. The education, resident handbook and other materials include their rights to be free from retaliation for reporting such incidents and that cases of sexual assault will be referred to the agency PREA Coordinator for administrative and criminal investigations.
- (c) Within 30 days all residents receive additional education and orientation, random resident interviews confirmed residents understood PREA education and materials that had been provided.
- (d) The NDCS-CCC-O provides resident education in formats accessible to all residents including those who are limited English proficient. Information is also available for residents who are deaf, those who are visually impaired, those who are otherwise disabled and residents who have limited reading skills.
- (e) The NDCS-CCC-O maintains documentation of resident participation in the PREA education in the resident file.
- (f) The NDCS-CCC-O provides additional educational materials in the housing units in the form of posters and resident handbooks. Random interviews and the facility tour confirmed the existence of additional materials in most areas.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.234: Specialized training: Investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

#### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

#### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### The following evidence was analyzed in making compliance determination:

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. CCC-O Sexual Assault/Abuse OM #23.11.001
3. PREA Standards Compliance Checklist
4. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
5. Specialized Investigative Training: PREA Investigating Sexual Abuse in a Confinement Setting
6. Specialized Investigative Training: PREA – power point presentation
7. Training certificates & training record

Interviews:

1. Agency PREA Coordinator
2. Acting PREA Compliance Manager
3. Agency Personnel Investigator Interview

Site Review Observations:

Observations during on-site review of physical plant

- (a) The NDCS ensures that its investigators have received training in conducting sexual abuse investigations in confinement settings; The Agency PREA Coordinator is responsible for receiving all allegations of sexual abuse and sexual harassment. Based on the allegation, the PREA Coordinator will refer the case to either appropriate investigator. Facility Staff interviews confirmed they have received additional training in accordance with their job responsibilities.
- (b) Specialized training includes techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigative staff was knowledgeable about the training they received.
- (c) The NDCS maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations.
- (d) Auditor is not required to audit this provision

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

### Standard 115.235: Specialized training: Medical and mental health care

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes    No    NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes    No    NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)  Yes  No  NA

#### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**The following evidence was analyzed in making compliance determination:**

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. CCC-O Sexual Assault/Abuse OM #23.11.001
3. PREA Standards Compliance Checklist
4. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
5. NDCS Medical and Mental Health: PREA Training
6. Certificates of Completion & Transcript

**Interviews:**

1. Agency PREA Coordinator
2. Acting PREA Compliance Manager
3. Contract Medical Staff Interviews

**Site Review Observations:**

Observations during on-site review of physical plant

- (a) The NDCS-CCC-O ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment. The training also includes; how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
- (b) The portion of the standard is Not Applicable as all forensic exams are conducted at Methodist Women's Hospital or another community hospital. Staff interviews confirmed this information.
- (c) NDCS-CCC-O maintains documentation that staff has received the training referenced in this standard either from the agency or elsewhere. Training records were reviewed and compliance has been met.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.241: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.241 (a)**

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No

#### 115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

#### 115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  Yes  No

#### 115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?  Yes  No

#### 115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### The following evidence was analyzed in making compliance determination:

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. CCC-O Sexual Assault/Abuse OM #23.11.001
3. PREA Standards Compliance Checklist
4. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
5. NCDS Potential for Sexual Assault/Sexual Victimization Screening Instrument
6. NCDS Intra-System Medical Screening

### Interviews:

1. Agency PREA Coordinator
2. Acting PREA Compliance Manager
3. Random staff interviews
4. Corrections Case Manager interviews
5. Resident interviews (random & targeted)

### Site Review Observations:

#### Observations during on-site review of physical plant

- (a) The NDCS-CCC-O assesses all residents during admission for their risk of being sexually abused by other residents or sexually abusive toward other residents. The auditor observed this process during the onsite visit.
- (b) Interviews conducted with staff indicated the intake screenings are typically completed within two hours of arrival but definitely take place within 72 hours of arrival at the facility. Random resident interviews confirmed this process is being completed.

- (c) The PREA screening assessments are conducted using an objective screening instrument (*NCDS Potential for Sexual Assault/Sexual Victimization Screening Instrument*) which was verified by the auditor during the onsite visit.
- (d) The NDCS intake screening instrument considers whether the resident has a mental, physical, or developmental disability, assess residents for risk of sexual victimization, the age of the resident, the physical build of the resident, whether the resident has previously been incarcerated, whether the resident's criminal history is exclusively nonviolent, whether the resident has prior convictions for sex offenses against an adult or child, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, has previously experienced sexual victimization, the resident's own perception of vulnerability and whether the resident is detained solely for civil immigration purposes.
- (e) When assessing residents for risk of being sexually abusive, the resident's initial PREA risk screening considers prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse.
- (f) Within a set time period not more than 30 days from the resident's arrival at the facility, the resident's assigned Case Manager will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.
- (g) NDCS-CCC-O reassesses an resident's risk level when warranted due to a: referral, request, or incident of sexual abuse and receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.
- (h) NDCS-CCC-O does not discipline residents for refusing to answer, or for not disclosing complete information in response to the risk screening questions. Interviews conducted with staff reiterated that residents would be not disciplined for refusing to answer the screening questions.
- (i) NDCS-CCC-O has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Information is kept in a restricted area and only authorized staff can access the information.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

## **Standard 115.242: Use of screening information**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.242 (a)**

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident?  Yes  No

#### 115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

## 115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### The following evidence was analyzed in making compliance determination:

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. NDCS Identification of Potential Aggressors and Victims Policy #201.13
3. CCC-O Sexual Assault/Abuse OM #23.11.001
4. PREA Standards Compliance Checklist
5. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
6. NCDS Potential for Sexual Assault/Sexual Victimization Screening Instrument

7. NDCS Central Monitoring Checklist and Initial Classification Assignment of Living Location
8. Room and Job Assignment form

Interviews:

1. Agency PREA Coordinator
2. Acting PREA Compliance Manager
3. Random staff interviews
4. Corrections Case Manager interviews
5. Resident interviews (random & targeted)

Site Review Observations:

Observations during on-site review of physical plant

- (a) NDCS-CCC-O uses information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: housing assignments, bed assignments, work assignments, education assignments and program assignments. Interview with the PREA Compliance Manager, Case Managers and Classification Staff responsible for risk screening confirmed how the screening information is utilized.
- (b) NDCS-CCC-O makes an individualized, case-by-case determination about how to ensure the safety of each resident based on information gathered during the risk screening. The PREA Compliance Manager, Case Managers and random staff interviews confirmed that all information gathered is used to ensure the safety of each resident.
- (c) When deciding whether to assign a transgender or intersex resident to the facility NDCS staff determines the residents housing assignment after review of the resident records, assessments and an interview with the resident
- (d) The NDCS *Sexual Assault/Abuse Policy #203.11* requires that placement and programming assignments for each transgender or intersex resident is reassessed at least twice per year by the PREA Compliance Manager or designee and forwarded to the Agency PREA Coordinator
- (e) The PREA Compliance Manger meets with transgender or intersex individuals to discuss the resident's own views with respect to his or her own safety and will give serious consideration when making facility and housing placement decisions and programming assignments.
- (f) Transgender residents at the CCC-O have the opportunity to shower separately from other residents.
- (g) The NDCS does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. The CCC-O does not have a dedicated unit or wing solely on the basis of identification or status.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## REPORTING

### Standard 115.251: Resident reporting

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No

#### 115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. MOU with Nebraska Coalition to End Sexual and Domestic Violence
5. PREA pamphlet “What You Need to Know About Sexual Assault” (English & Spanish)
6. Grievance form
7. PREA Postings (English & Spanish) RJ Sexual Assault Response Team SOP 11.2

#### Interviews:

1. Random Staff Interview
2. Random Resident Interviews

#### Site Review Observations:

##### Observations during on-site review of physical plant

- (a) The CCC-O provides materials that discuss how to report sexual abuse, sexual harassment and retaliation. Residents are provided reporting information at intake and again within the first 30 days of intake by their Case Manager. Additional information in the form of posters is available in English and Spanish in housing units and common areas. During random staff and resident interviews, they were able to articulate the different reporting mechanisms such as reporting to staff in writing or directly speaking with them, contacting a supervisor, calling the “PREA Hotline”, contacting the Nebraska Coalition to End Sexual and Domestic Violence, or telling a family member.
- (b) The NDCS-CCC-O resident handbook instructs residents that they may contact any custody staff, volunteer, contractor, or medical or mental health staff, report to the PREA Coordinator or PREA Compliance Manager, call the Ombudsman’s office, tell a family member, friend, legal counsel, or anyone else outside the facility or the Nebraska Coalition to End Sexual and Domestic Violence and they can report on your behalf by calling the facility.
- (c) The NDCS-CCC-O accepts reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff promptly responds to any reports of sexual abuse. Staff interviews confirmed that they report immediately to supervisors upon learning of any sexual abuse and/or harassment.
- (d) NDCS *Sexual Assault/Abuse Policy #203.11* allows staff to privately report sexual abuse and sexual harassment of residents.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.252: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

#### 115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such

extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

#### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. NDCS Resident Grievance Policy #217.02
3. PREA Standards Compliance Checklist
4. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
5. NDCS Grievance Form

#### Interviews:

1. Acting PREA Compliance Manager
2. Random staff interviews
3. Random Resident Interviews

#### Site Review Observations:

Observations during on-site review of physical plant

- (a) NDCS-CCC-O permits residents to submit grievances regarding allegations of sexual abuse without any type of time limits.
- (b) NDCS-CCC-O does not require residents to use an informal grievance process, or to otherwise attempt to resolve incidents of sexual abuse.

- (c) NDCS-CCC-O ensures an resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not referred to the staff member who is the subject of the complaint.
- (d) NDCS-CCC-O issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance, the 90-day time period does not include time consumed by residents in preparing any appeal. When the normal time period for response is insufficient to make an appropriate decision, the CCC-O notifies the resident in writing of the extension and provides a date when a decision will be made. NDCS *Sexual Assault/Abuse Policy #203.11* states that if the resident does not receive a response within the time allotted for reply, including any properly noted extension the resident may consider the absence of a response to be a denial at that level.
- (e) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates are permitted to assist residents in filing grievances relating to allegations of sexual abuse or file such requests on behalf of residents. If the resident declines to have the request processed on his or her behalf the agency document the resident's decision.
- (f) NDCS *Resident Grievance Policy #217.02* established procedures for filing an emergency grievance alleging that an resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an resident is subject to substantial risk of imminent sexual abuse, the agency immediately forwards the grievance to PREA Compliance Manager for review. CCC-O provides an initial response within 48 hours and issues a final agency decision within 5 calendar days. The CCC-O's initial response and final decision are documented and placed in the resident's institutional file.
- (g) The NDCS-CCC-O does not discipline residents for filing a grievance related to alleged sexual abuse unless the facility demonstrates the grievance was deliberately filed in bad faith.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## **Standard 115.253: Resident access to outside confidential support services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.253 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. MOU with Nebraska Coalition to End Sexual and Domestic Violence
5. PREA pamphlet "What You Need to Know About Sexual Assault" (English & Spanish)
6. PREA Postings (English & Spanish)

### Interviews:

1. Random staff interviews
2. Random resident interviews

### Site Review Observations:

Observations during on-site review of physical plant

- (a) NDCS-CCC-O provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers, of local, State, or national victim advocacy or rape crisis organizations, this information is located in the NDCS PREA Pamphlet and on posters in each housing unit and in other common areas.
- (b) NDCS-CCC-O informs residents that communication with outside resources is confidential unless otherwise indicated by the provider.
- (c) The NDCS has an agreement with the Nebraska Coalition to End Sexual and Domestic Violence to provide residents with confidential emotional support services related to sexual abuse. Random staff and residents were able to provide information about how to contact outside support services.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.254: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11

2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. NDCS website - <https://corrections.nebraska.gov/>

Interviews:

1. NDCS PREA Coordinator interview
2. Random staff interviews
3. Random resident interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a,b) NDCS-CCC-O accepts and investigates third-party reports of sexual abuse and harassment. Information is posted in the visiting area and available on the NDCS website. (<https://corrections.nebraska.gov/>) Staff and resident interviews reflected an understanding of this standard. Residents felt that third party reports would be investigated.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

### 115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  
 Yes  No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

### 115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. Incident Reports

### Interviews:

1. Agency PREA Coordinator
2. Acting PREA Compliance Manager
3. Random Staff Interviews

### Site Review Observations:

## Observations during on-site review of physical plant

- (a) NDCS-CCC-O requires all staff to report immediately and according to agency policy (*Sexual Assault/Abuse Policy #203.11*) any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. It also requires staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment. Lastly, staff must report immediately and according to any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. Interviews conducted with staff showed they understood their duty to report any instances or suspected instances of sexual abuse. Staff was also aware of their duty not to discuss the allegations with anyone not directly involved in the response and investigation.
- (b) Apart from reporting to designated supervisors or officials, the CCC-O staff refrains from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The staff was able to clearly articulate during the interviews the importance of keeping the information confidential.
- (c) NDCS-CCC-O medical and mental health staff inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services
- (d) NDCS-CCC-O does not regularly house residents under the age of 18, if the victim is considered a vulnerable adult staff must report the allegation to the designated State or local services agency under applicable mandatory reporting laws
- (e) CCC-O staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to their immediate supervisor, Agency PREA Coordinator, CCC-O PREA Compliance Manager or designee for investigation. Staff interviewed were aware of their reporting responsibilities.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.262: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)

Interviews:

1. Warden Interview
2. Agency PREA Coordinator
3. Acting PREA Compliance Manager
4. Random Staff Interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) According to *NDCS Sexual Assault/Abuse Policy #203.11*, when the agency learns that an resident is subject to a substantial risk of imminent sexual abuse, the CCC-O will take immediate action to protect the resident. The CCC-O reported no instances of substantial risk of imminent sexual abuse during the reporting period. Interviews with the Warden and PREA Compliance Manager indicated any information received that alleges an resident is at substantial risk of imminent sexual abuse would require immediate removal of the resident and to isolate the threat.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

### 115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.263 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)

#### Interviews:

1. Warden Interview
2. Agency PREA Coordinator
3. Acting PREA Compliance Manager
4. Random Staff Interviews

#### Site Review Observations:

Observations during on-site review of physical plant

- (a) NDCS *Sexual Assault/Abuse Policy #203.11* states that upon receiving an allegation that an resident was sexually abused while confined at another facility, the Warden/Designee will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The CCC-O provider a memo indicating that in the previous 12 months the CCC-O has not received any reports in which an resident alleges they were sexually abuse while being housed at another facility.

(b) NDCS *Sexual Assault/Abuse Policy #203.11* states that within 72 hours of receipt of an allegation an resident was sexually abused while confined at another facility, the receiving Warden/designee shall notify the Warden/designee where the incident was alleged to have occurred and the agency PREA Coordinator. Such notification shall be documented.

(c) The NDCS-CCC-O documents all such notifications

(d) The Agency PREA Coordinator will initiate an investigation on any notifications that they receive from another facility. In the previous 12 months the CCC-O has not received any reports from another facility in which an Resident alleges they were sexually abuse while being housed at CCC-O.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.264: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. NDCS PREA Training – power point & study guide & test
5. NDCS PREA Refresher Training curriculum (PREA Refresher: Prison and Jails PREA Basics)
6. PREA Training Transcripts
7. PREA Staff Acknowledgement Form
8. Staff PREA Response Card

#### Interviews:

1. Warden Interview
2. Agency PREA Coordinator
3. Acting PREA Compliance Manager
4. Random Staff Interviews

#### Site Review Observations:

Observations during on-site review of physical plant

- (a) NDCS-CCC-O staff upon learning of an allegation that an resident was sexually abused, and is the first security staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence and ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the

collection of physical evidence. Random staff interviews validated their knowledge of actions to be taken upon learning that an resident was sexually abused and could describe the steps outlined in NDCS *Sexual Assault/Abuse Policy #203.11*. A review of training documentations confirmed staff had been trained in their responsibilities as first responders and have been provided.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

## Standard 115.265: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. CCC-O Sexual Assault/Abuse OM #23.11.001
3. PREA Standards Compliance Checklist
4. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
5. Facility Checklist for Incidents of Sexual Assault/Abuse form
6. Staff PREA Response Card

#### Interviews:

1. Warden Interview
2. Agency PREA Coordinator
3. Acting PREA Compliance Manager
4. Medical/Mental Health Staff Interviews
5. Random Staff Interviews

Site Review Observations:

Observations during on-site review of physical plant

- (a) NDCS *Sexual Assault/Abuse Policy #203.11* and /CCC-O *Sexual Assault/Abuse OM #23.11.001* provides a written coordinated response at the facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, central office, medical and mental health practitioners, investigators, and victim advocate services.

Interviews with the Warden and other random staff show knowledge of their duties to coordinate actions taken in response to a sexual abuse allegation. Also, all staff carries a Staff PREA Response Card and have access to a “Facility Checklist for Incidents of Sexual Assault/Abuse” which details the steps to take in response to a sexual abuse allegation.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

### Standard 115.266: Preservation of ability to protect residents from contact with abusers

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

##### 115.266 (b)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
2. PREA Standards Compliance Checklist
3. CCC-O's PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. Labor contracts

Interviews:

1. Agency PREA Coordinator

Site Review Observations:

Observations during on-site review of physical plant

- (a) A review NDCS Sexual Assault/Abuse Policy #203.11 and documentation of labor contract between the State of Nebraska and The Health & Human Care Non-Professional Bargaining Unit; The Examining, Inspection and Licensing Bargaining Unit; The Health & Human Care Professional Bargaining Unit; The Engineering, Science & Resources Bargaining Unit; The Maintenance, Trades & Technical Bargaining Unit; The Social Services & Counseling Bargaining Unit; The Administrative Professional Bargaining Unit; The Administrative Support Bargaining Unit and Fraternal Order of Police #88 is in accordance with the PREA standards and can be found on the NDCS website. NDCS does not allow an entity to restrict the Department's ability to terminate an employee or remove an alleged staff sexual abuser from contact with any residents pending the outcome of an investigation or a determination of whether and to what extent to discipline is warranted.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

## Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

### 115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
 Yes  No

### 115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

### 115.267 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Policy Sexual Assault/Abuse #203.11
2. CCC-O Sexual Assault/Abuse Policy #23.11.001
3. PREA Standards Compliance Checklist
4. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
5. Protection Against Retaliation – Residents Form

### Interviews:

1. Agency PREA Coordinator
2. PREA Compliance Manager

### Site Review Observations:

Observations during on-site review of physical plant

- (a) NDCS Policy *Sexual Assault/Abuse* #203.11 outlines a process to protect all residents and staff that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The CCC-O PREA Compliance Manager is responsible for monitoring.
- (b) NDCS-CCC-O has multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers

from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

- (c) The PREA Compliance Manager will for at least 90 days following a report of sexual abuse, monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. The PREA Compliance Manager also monitors any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The PREA Compliance Manager may continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- (d) The PREA Compliance Manager conducts status checks and that information is documented on the *Protection Against Retaliation* form.
- (e) The PREA Compliance Manager also monitors any individual who cooperates with an investigation and who expresses a fear of retaliation, and they will take appropriate measures to protect that individual against retaliation.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

#### 115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. Investigative Case Log Report

### Interviews:

1. Agency PREA Coordinator
2. Acting PREA Compliance Manager
3. Agency Personnel Investigator Interview

## Site Review Observations:

### Observations during on-site review of physical plant

- (a) NDCS Sexual Assault/Abuse Policy #203.11 ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
- (b) Where sexual abuse is alleged, the CCC-O uses investigators who have received specialized training in sexual abuse investigations as required by 115.234 and the Agency PREA Coordinator will be notified immediately.
- (c) NDCS Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. All reports will be provided to the NDCS Investigators as soon as possible.
- (d) NDCS Criminal Investigators are responsible for the criminal investigations that maybe referred for prosecution.
- (e) An interview conducted with the Agency Personnel Investigator confirms that the credibility of an alleged victim, suspect or witness is on an individual basis and not on the basis of that individual's status as a resident or staff. The NDCS investigates all allegations of sexual abuse and may refer matters to the Nebraska State Patrol as warranted.
- (f) NDCS conducts administrative investigations in an effort to determine whether staff actions or failures to act contributed to the abuse. All reports include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- (g) NDCS staff provides written report that contains a thorough description of physical, testimonial, and documentary evidence and to the Agency PREA Coordinator and Personnel Investigator.
- (h) NDCS-CCC-O retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
- (i) NDCS Sexual Assault/Abuse Policy #203.11 states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
- (j) Auditor not required to audit this provision
- (k) NDCS staff provides all of their internal reports to the Agency PREA Coordinator and Personnel Investigator as soon as possible following an allegation. NDCS staff cooperates with investigators as requested.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.272: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)

#### Interviews:

1. Agency PREA Coordinator
2. Acting PREA Compliance Manager
3. Acting PREA Compliance Manager
4. Agency Personnel Investigator Interview

#### Site Review Observations:

Observations during on-site review of physical plant

- (a) NDCS Sexual Assault/Abuse Policy #203.11 requires that a facility investigate the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. The NDCS Criminal

Investigator and/or the facility's PREA Investigator investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded.

Interviews with the Agency PREA Coordinator, NDCS Personnel Investigator and PREA Compliance Manger indicated they conduct fact finding investigations and make conclusions following their investigations and provide the information and consult with legal and Human Resources to determine the best course of action based on the preponderance of evidence.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.273: Reporting to residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.273 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. Resident PREA Notification Forms

#### Interviews:

1. Agency PREA Coordinator
2. Acting PREA Compliance Manager
3. Agency Personnel Investigator Interview

Site Review Observations:

Observations during on-site review of physical plant

- (a) Following an investigation into an resident's allegation that he or she suffered sexual abuse the CCC-O informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification is in writing regardless of the outcome of the investigation.
- (b) The Agency PREA Coordinator requests relevant information from investigators in order to inform the resident.
- (c) Following an resident's allegation that a staff member has committed sexual abuse against the resident, the Agency PREA Coordinator will subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- (d) Following an resident's allegation that he has been sexually abused by another resident, the Agency PREA Coordinator will inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or staff learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- (e) All such notifications or attempted notifications are documented and the notifications are kept in the investigative file.
- (f) Auditor is not required to audit this provision

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

##### 115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

##### 115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

##### 115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)

Interviews:

1. Warden Interview
2. Agency PREA Coordinator
3. Acting PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

- (a) NDCS *Sexual Assault/Abuse Policy #203.11* states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment policies.
- (b) NDCS *Sexual Assault/Abuse Policy #203.11* states termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.
- (c) NDCS *Sexual Assault/Abuse Policy #203.11* states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.
- (d) The terminations for violations of agency sexual abuse and harassment or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. During the last 12 months, NDCS-CCC-O reported no staff resignations while under investigation.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.277: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. Resident Sexual Assault/Abuse Agreement for Volunteers and Contractors Form

### Interviews:

1. Warden Interview
2. Agency PREA Coordinator
3. Acting PREA Compliance Manager
4. Volunteer Interview (Phone)

### Site Review Observations:

Observations during on-site review of physical plant

- (a) NDCS *Sexual Assault/Abuse Policy #203.11* states contractors and volunteers who engage in sexual abuse are prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies.
- (b) NDCS *Sexual Assault/Abuse Policy #203.11* states contractors and volunteers who engage in sexual abuse are prohibited from contact with

residents and shall be reported to law enforcement agencies and relevant licensing bodies.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## **Standard 115.278: Interventions and disciplinary sanctions for residents**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.278 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### **115.278 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No

#### **115.278 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### **115.278 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### **115.278 (e)**

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### **115.278 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### **115.278 (g)**

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Policy Sexual Assault/Abuse #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. Sexual Assault Awareness brochure and Institutional Rules

#### Interviews:

1. Warden Interview
2. Agency PREA Coordinator
3. Acting PREA Compliance Manager
4. Random Resident Interviews

#### Site Review Observations:

Observations during on-site review of physical plant

- (a) Residents at NDCS-CCC-O are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are made aware of the disciplinary process which is located in the NDCS-CCC-O Resident Handbook and Sexual Assault Awareness brochure.
- (b) The NDCS-CCC-O Resident Handbook reflects that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

- (c) The CCC-O disciplinary process considers whether an resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Medical and Mental Health also discussed during the audit that they have discussed an residents mental disabilities prior to a sanction being given.
- (d) The CCC-O is a short term facility and does not provide therapy or other counseling services. If needed residents will be transferred to another facility that does provide those services. CCC-O does offer intervention services.
- (e) The NDCS-CCC-O will discipline an resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- (f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- (g) The NDCS-CCC-O has a zero tolerance policy concerning sexual contact.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes    No

#### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes    No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes    No

#### 115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. What You Need to Know About Sexual Assault brochure
5. Transportation Order and Emergency Referral

#### Interviews:

1. Agency PREA Coordinator
2. Acting PREA Compliance Manager
3. Medical Staff Interview
4. Mental Health Staff Interview

#### Site Review Observations:

#### Observations during on-site review of physical plant

- (a) NDCS *Sexual Assault/Abuse Policy #203.11* states resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

- (b) NDCS-CCC-O staff act as security staff first responders, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, the security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.
- (c) NDCS-CCC-O staff confirmed that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
- (d) Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### 115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### 115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### 115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)

Interviews:

1. Agency PREA Coordinator
2. Acting PREA Compliance Manager
3. Medical Staff Interview
4. Mental Health Staff Interview
5. Contract Medical Staff Interview
6. Contract Mental Health Staff Interview

#### Site Review Observations:

##### Observations during on-site review of physical plant

- (a) Whenever an employee knows or suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the Responsible Health Authority.
- (b) Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate.
- (c) Victims of sexual abuse will be referred to a community facility or local emergency room for treatment or gathering of forensic evidence.
- (d) This portion of the standard is non-applicable; CCC-O is an all-male facility.
- (e) This portion of the standard is non-applicable; CCC-O is an all-male facility.
- (f) Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
- (g) Medical co-payment fees are not imposed to residents for any medical services.
- (h) Mental Health - After any emergency treatment is provided, health care staff will notify mental health staff of event. An immediate referral, including after hours, is the preferred referral format in case of an abuse.

NDCS-CCC-O medical staff had protocols in place to assist in expediting an resident to Methodist Hospital for emergency services. Also, Methodist Hospital medical staff will contact the Nebraska Coalition to End Sexual & Domestic Violence to provide a victim advocate upon request from the resident during the forensic medical examination. The facility has available the PREA pamphlet "What You Need to Know About Sexual Assault" and identifies for the residents to call or write the Ombudsman's Office or the Prison Advocacy Coordinator.

Interviews with the medical staff confirmed that residents (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical staff indicated that services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital and medical practitioner. All notifications are completed to the appropriate individuals and to follow the medical staff's directive regarding any forensic examination. The medical and mental health staff interviews indicated the scope of services is in accordance to their professional judgment, policy and any physician orders or protocols. All orders are documented in the

resident's medical/mental health record. Medical staff has a tracking system of documenting all PREA incidents that occur at the facility.

Medical staff's interviews also indicated that a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Medical staff interviews indicated mental health staff would see the victim no later than 24 hours of an incident and provide one-on-one counseling and make available outside emotional support services and follow-up care.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

##### 115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

##### 115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

##### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

## 115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. (5) Sexual Abuse Incident Reviews (Incident Review Team meetings)

#### Interviews:

1. Warden Interview
2. Agency PREA Coordinator
3. Acting PREA Compliance Manager

#### Site Review Observations:

Observations during on-site review of physical plant

- (a) NDCS *Sexual Assault/Abuse Policy #203.11* requires a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.
- (b) Reviews ordinarily occur within 30 days of the conclusion of the investigation.
- (c) The review team includes the Warden, Deputy Warden, facility investigator, medical and mental health staff.
- (d) The review team considers whether the allegation and/or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual,

transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility. The review team examines the area of the facility where the incident occurred to assess whether physical barriers in the area may enable abuse. The review team assesses the adequacy of staffing levels in that area during different shifts and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

- (e) NDCS *Sexual Assault/Abuse Policy #203.11* policy requires the implementation of recommendations or documents its reasons for not doing so.

There have been four (4) allegations of sexual abuse during the audit period. All were investigated. Two (2) were determined to be unsubstantiated and two (2) were determined to be unfounded. No allegation of sexual abuse required a Sexual Assault Incident Review (SAIR).

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.287: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. 2018 NDCS Sexual Abuse Annual Assessment

#### Interviews:

1. Agency PREA Coordinator
2. Acting PREA Compliance Manager

#### Site Review Observations:

##### Observations during on-site review of physical plant

- (a) The CCC-O PREA Compliance Manager collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.
- (b) The PREA Compliance Manager aggregates the incident-based sexual abuse data at least annually and submits it to the Agency PREA Coordinator and posts it on the NDCS website. <https://corrections.nebraska.gov/about/prison-rape-elimination-act-0>
- (c) The incident-based data includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- (d) NDCS maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- (e) NDCS obtains incident-based, aggregated data from all facilities which it contracts with for the confinement of its residents.

- (f) NDCS upon request provides all such data from the previous calendar year to the Department of Justice.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.288: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. 2018 NDCS Sexual Abuse Annual Assessment (annual report)
5. 2019 CCC-O Annual PREA Assessment (annual report)
6. NDCS website - <https://corrections.nebraska.gov/about/prison-rape-elimination-act-0>

### Interviews:

1. Agency PREA Coordinator
2. Acting PREA Compliance Manager

### Site Review Observations:

#### Observations during on-site review of physical plant

- (a) NDCS-CCC-O reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings
- (b) NDCS-CCC-O annual report includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse
- (c) The CCC-O's annual report is reviewed by the Agency PREA Coordinator and approved by the Director of Corrections and made available to the public on the NDCS website.  
<https://corrections.nebraska.gov/about/prison-rape-elimination-act-0>
- (d) NDCS indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a facility.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.289: Data storage, publication, and destruction

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.289 (a)**

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

**115.289 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

**115.289 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

**115.289 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

The Nebraska Department of Correctional Services (NDCS) Community Corrections Center – Omaha (CCC-O) provided the following documents to assist the auditor in determining compliance with the standard:

1. NDCS Sexual Assault/Abuse)Policy #203.11
2. PREA Standards Compliance Checklist
3. CCC-O PREA Audit: Pre-Audit Questionnaire (Community Corrections)
4. 2018 NDCS Sexual Abuse Annual Assessment (annual report)

Interviews:

## 1. Agency PREA Coordinator

### Site Review Observations:

#### Observations during on-site review of physical plant

- (a) NDCS-CCC-O ensures that data collected pursuant to § 115.287 is securely retained.
- (b) NDCS-CCC-O makes all aggregated sexual abuse data readily available to the public at least annually through its website. - <https://corrections.nebraska.gov/about/prison-rape-elimination-act-0>
- (c) NDCS removes all personal identifiers before making aggregated sexual abuse data publicly available.
- (d) NDCS maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

##### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

##### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

##### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

##### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents?  Yes  No

##### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The auditor reviewed the Nebraska Department of Correctional Services (NDCS) web page (<https://corrections.nebraska.gov/about/prison-rape-elimination-act-0>) The page has posted ten (10) audit reports for their ten (10) facilities PREA audits completed from June 2, 2017 through August 18, 2020

The auditor had access to the entire facility and was able to conduct confidential staff and resident interviews and was provided documentation as need to assess compliance with the standards. Residents were aware they could send confidential correspondence to the auditor. Pre-audit postings were seen in all areas of the facility.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

The auditor reviewed the Nebraska Department of Correctional Services (NDCS) web page (<https://corrections.nebraska.gov/about/prison-rape-elimination-act-0>) The page has posted ten (10) audit reports for their ten (10) facilities PREA audits completed from June 2, 2017 through August 18, 2020

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Chris Sweney

10/01/2020

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.