

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

Interim Final

Date of Interim Audit Report: April 4, 2021. N/A

Date of Final Audit Report: July 2, 2021,

Auditor Information

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Company Name: DX Consultants, LLC	
Mailing Address: P.O. Box 55372	St. Petersburg, FL 33732
Telephone: 912-486-0004	Date of Facility Visit: March 14 – March 16, 2021 and June 22, 2021

Agency Information

Name of Agency: Nebraska Department of Correctional Services			
Governing Authority or Parent Agency (If Applicable): Nebraska			
Physical Address: Folsom & W Prospector Place Bldg. 1		City, State, Zip: Lincoln, NE 68522	
Mailing Address: P O Box 94661.		City, State, Zip: Lincoln, NE 68522	
The Agency 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
Agency Website with PREA Information: www.corrections.nebraska.gov			

Agency Chief Executive Officer

Name: Scott Frakes

Email: scott.frakes@nebraska.gov

Telephone: 402-479-5623

Agency-Wide PREA Coordinator

Name: Danielle Reynolds

Email: danielle.reynolds@nebraska.gov

Telephone: 402-479-5660

PREA Coordinator Reports to:

Doug Diltz, Agency Security Administrator

Number of Compliance Managers who report to the PREA Coordinator: 9

Facility Information

Name of Facility: Community Corrections Center-Lincoln

Physical Address: 2720 West Van Dorn St

Lincoln, NE 68522

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:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: www.corrections.nebraska.gov

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:

Security Core Audit January 2021

Facility Director

Name: James Jansen

Email: james.jansen@nebraska.gov

Telephone: 402-471-6250

Facility PREA Compliance Manager

Name: April Bulling-June

Email: april.bullingjune@nebraska.gov

Telephone: 402-471-6686

Facility Health Service Administrator N/A

Name: Harbans Deol

Email: harbans.deol@nebraska.gov

Telephone: 402-479-5931

Facility Characteristics

Designated Facility Capacity:

460

Current Population of Facility:

572

Average daily population for the past 12 months:

599

Has the facility been over capacity at any point in the past 12 months?

Yes No

Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	Adults (19-68)
Average length of stay or time under supervision	3-6 months
Facility security levels/resident custody levels	Minimum
Number of residents admitted to facility during the past 12 months	451
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	450
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	446

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)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<p>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):</p>	<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 checked="" 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 US Department of Probation
	<input type="checkbox"/> N/A

Number of staff currently employed by the facility who may have contact with residents:	100
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Number of staff hired by the facility during the past 12 months who may have contact with residents:	26
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	15

Physical Plant

<p>Number of buildings:</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>Number of resident housing units:</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>	6
<p>Number of single resident cells, rooms, or other enclosures:</p>	0

Number of multiple occupancy cells, rooms, or other enclosures:	130
Number of open bay/dorm housing units:	1
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Where are sexual assault forensic medical exams provided? Select all that apply.	<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: Click or tap here to enter text.)
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Investigations

Criminal Investigations

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:	2
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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.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<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: <input type="checkbox"/> N/A
Administrative Investigations	
<p>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?</p>	131
<p>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</p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<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

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Community Corrections Center during the period of March 14 – 16, 2021. The audit was

conducted by U.S. Department of Justice certified PREA auditor Robert Manville. The standards used for this audit became effective August 20, 2012. Prior to the on-site visit, Agency PREA coordinator conducted an on-site “pre-audit” of the facility to assist with PREA audit preparation. Prior to the on-site visit, the PREA Coordinator and facility staff forwarded agency and institution policies and supporting documentation, including the completed Preaudit Questionnaire, administrative reports, contracts, incident reports, memorandums, brochures, staff rosters, staffing plans, training information, and other reference materials for examination. Policies and documentation are in the form of agency directives and policies. Institution Supplements (IS) are provided in the form of Facility Directives. Updates of the Pre audit questionnaire, investigations and Institutional Supplements were also discussed prior to the beginning of the audit.

Nebraska Department of Correctional Services has revised policies, directives, contracts, and operational programs to encompass the Prison Rape Elimination Act into the day to day operations and long-term planning of all correction facilities¹⁸⁹.

At the time of the audit the facility housed 599 residents. There was a total of 100 staff assigned to the center at the time of the audit. The facility is a community corrections center program that houses two distinct populations.

The facility houses a population that is work release residents. It is a coed program and includes residents that are assigned to the program in preparation of being release from the Correctional System.

The other population offenders from Nebraska Department of Correctional Services with short term sentences or violated probation and sent back to the center for short term sentences. Also in this demographic are residents that are utilized to work various jobs or the Department of Correctional Services including assigned to the Department of Correctional Services central office.

On-Site Audit Phase:

The auditor held an opening meeting at on the morning of March 15, 2021. The audit schedule and process were discussed during the entrance meeting. The auditor was provided a conference room which to work and conduct private confidential interviews. All requested files and rosters, both staff and residents, were made available during the on-site audit.

Site Review:

Immediately following the opening meeting, a tour of facility was conducted. The auditor was escorted by the facility’s PREA compliance manager and facility director. The auditor toured all resident living, work, and program areas. The auditor was given unimpeded access to all areas of the facility.

During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff who visit work and program areas. The auditor assessed camera surveillance, potential blind spots, and physical supervision requirements as applied to a community corrections center confinement requirement. Additional areas of focus during the facility tour included an assessment of limits to cross gender viewing (can residents shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and “internal hotline” information was assessed while touring the facilities. The tour revealed adequate camera coverage, and physical supervision. A review of logbooks and records revealed documentation of security and PREA rounds.

Both medical and mental health staff are available at the facility and are available as requested. Correctional officers and support staff were noted interacting with inmates in all areas that residents were including all housing units, the health services department, recreation, food service, facility support areas, education, visiting rooms, and programming areas.

The facility is undergoing major renovations to parts of the facility. The facility intake area has been relocated to another area inside the facility. Entrance into the facility has been routed to allow for the construction. Prior to the renovations, new arriving inmates receive printed information regarding the facility’s PREA program and watch a video that provides additional information about the program. Inmates that have arrived during the renovation interviewed indicated they had not seen a video, however had been given a brochure.

The on-site audit tour did not reveal any resident privacy concerns. Toilet and shower areas throughout the facilities were in a manner to limit the possibility of non-incident cross gender viewing.

Post Site and follow up Reviews

The facility has developed corrective action plan for standards determined to not meet the standards.

Standard 115.233: Resident education

There was not enough documented training for residents found in the Inmate records. Interviews with residents that have been at the facility for the last six months indicated they had not received the training at the facility, however had received the training prior to being assigned to this facility.

The facility has completed construction of the Intake area and has placed the needed resources to provide the initial training during intake and the comprehensive training within the first thirty days of arrival for all residents.

The PREA Coordinator, Warden and supervisory staff have formulated a corrective action plan and a verification system to ensure that all aspects of this standard are completed. The facility will be revisited on June 23, 2021 to determine compliance.

Standard 115.241: Screening for risk of victimization and abusiveness

There was not enough documented training for residents found in the Inmate records. Interviews with residents that have been at the facility for the last six months indicated they had not been asked any questions about screening within the first 72 hours. The documentation reviewed found that some screenings were missing, and other screening was outside the 72 hours. In some cases the rescreening was outside the first 30 days. The residents interviewed stated they had received the screening prior to being assigned to this facility.

Standard 115.242: Use of screening information

The facility is in noncompliance due to not having a screening instrument completed when making decisions about room and job assignments. The unit manager showed the auditor a computer screen with several previous screening instruments that he indicated was utilized to make room assignments. That fall short of the standard as it is not updated upon arrival at the facility for several days. Noncompliance was determined by review of the screening instruments and interviews with the Unit Managers.

The PREA Coordinator, Warden and supervisory staff have formulated a corrective action plan and a verification system to ensure that all aspects of this standard are completed. The facility will be revisited on June 23, 2021, to determine compliance. During the revisit, the PREA coordinator and Warden will brief the auditor on steps implemented to become compliant with these standards. Also during the revisit, the auditor will randomly interview residents that have arrived at the facility from April 1, 2021, will randomly review a minimum of 30 resident files to include initial screening, rescreening, initial resident training and comprehensive training. The auditor will also interview intake staff, unit managers, and PCM.

Corrective Action Plan Review

On June 22, 2021 the auditor accompanied by the Agency PREA coordinator conduct a review of the facility compliance with the corrective action plan. The following determinations was conducted, touring the new intake areas of the facility, by randomly interviewing 15 residents, reviewing 20 intake screening including the 30 day review, reviewing the PREA comprehensive Training and observing an intake process. Interviews were conducted by two staff assigned to conduct screening and educational programs. PREA compliance manager and Warden

The new intake area of the facility has a private area for strip searched when residents arrives and a private office to interview residents. The area has a small classroom equipped with video players and screens for resident to watch a PREA orientation film. The offices are equipped with computers that allow staff to access resident's past history and to complete the initial screening during the intake process.

Standard 115.233: Resident education

The new resident education program includes all areas of the 115.233 standards and also includes a discussion by the facility warden and/ or unit manager about PREA. On the day of the audit the warden completed the presentation to the new arrivals. Resident sign a document indicating they have completed the PREA training program, were given an opportunity to ask any questions and a statement that they understand the agency polices, reporting procedures and related PREA services. All files reviewed had this information documenting in the inmate files.

Standard 115.241: Screening for risk of victimization and abusiveness and Standard 115.242: Use of screening information

The agency has made the screening instrument available to staff when a resident arrives as the facility. The facility has appointed two staff members to conduct all screening instrument within 72 hours of arrival at the facility and unit managers or case managers conduct the rescreening within 30 days. The agency has implemented a system to alert staff 25 days after a resident arrives at the facility. The alert goes to the case manager, unit manager, and PREA compliance managers and the two staff that have been assigned to manage the screening protocol for the facility. All files reviewed including there PREA training and screening instruments. The inmates that had been at the facility more than 20 days contained a Rescreening documentation. All inmate interview indicated they had received the screening and rescreening when appropriate. Residents that had been at the facility prior to the corrective action plan were interviewed. They also had be screened during the corrective action period.

The screening instrument is now completed prior to determination of housing and job assignment. The intake staff and when available Warden meet with the residents after the screening and medical/mental health staff screening to discuss appropriate housing and job assignments with each resident. All other areas of standard 242 were compliant during the initial audit and continued to be complaint based on policy and interviews the staff and residents. There were not target residents at the facility during this audit.

Based on the review of the completion of the corrective action plan the facility now meets and exceeds the expectations of standards 115. 333. The facility meet the expectations of standard 115. 241 and 115. 242

Resident Interviews:

Resident interviewed were selected from a housing roster dated March 15, 2021. The rosters categorized residents by housing, programming, and gender. Additional information was provided for PREA targeted categories such as disabled, limited English proficient (LEP), etc. Staff were able to identify residents in targeted categories, or the lack of residents in targeted groups. Interviews were conducted using the Department of Justice (DOJ) protocols to assess the offender's knowledge of PREA and the reporting mechanisms available to them. Using the interview guides, 29 residents that are not of the PREA targeted group were interviewed. These interviews included resident from each living unit, each program areas, and each gender. There were 4 targeted residents were also interviewed. The targeted residents were as follows; disclosed victimization at screening - 2, disabled - 1, and LGBTI -1.

Staff Interviews:

A total of 16 random staff from all shifts were interviewed regarding training, their knowledge of first responder duties, reporting mechanisms for staff and residents, and their perception of sexual safety and appropriate offender privacy issues. Additional four non-direct care were interviewed for first responder roles.

The Agency Director, Agency PREA Coordinator and Agency Contract Administrator had

been previously interviewed (the auditor is in receipt of the completed interview questionnaires). Specialized staff members were also interviewed. This included the Facility Warden, PCM, Investigator, Human Resource staff, Retaliation Monitor, 4 Counselors, two (2) Unit Managers, Intake Staff, Security Supervisor from each shift, Medical Administrator, Clinical Supervisor, and staff at Bryan West Medical Center and staff from the Nebraska Coalition to End Sexual & Domestic Violence. All interviewed staff demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position or roles with the organization and employment status.

File Review

Fifteen (12) employee training records were reviewed. Included in the employee training records were random monitors (direct care staff), supervisors, Investigator, PREA Compliance manager and medical administrator.

Fifteen (12) background clearance files including five (5) new hired staff, five (5) staff that had been promoted and five (5) years employees that had been over five years tenure at the facility.

Fifteen (15) resident's records were reviewed. These records included the following information.

- Identification Number
- Identification Number Date of Birth
- Date of Arrival
- Date of Screening
- Date of Follow-up Screening
- Date of Initial PREA notification
- Date of PREA orientation

Additional Resident records were reviewed specific for date of PREA orientation, screening and follow up screening.

Volunteer's file were reviewed for training, and background investigations. The volunteer program is dormant at the present time due to the pandemic.

Supervisor and management monthly PREA rounds logbooks entries were reviewed. Duty officer rounds documentation for weekdays, weekends, and nights were reviewed.

Investigations

During the applicable audit period, there was one (1) allegations of sexual abuse reported. The allegation was investigated by trained investigators. The allegation of sexual abuse was unsubstantiated. There were two allegation of sexual harassment that were investigated.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the resident, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Community Corrections Center-Lincoln has three (3) buildings. The main building is a secure entrance into the lobby area with administrative and program offices, visitation area, multipurpose area, canteen, parole board, laundry area, and a male housing unit with four (4) wings. Each wing has a dayroom; shower/bathroom area; case worker's office; fourteen (14) bedrooms with four (4) bunk beds, TV stand, desk, and chair in each bedroom; kiosk; three (3) phones and an outdoor recreation area. There is an area in this building undergoing renovation. The facility has two (2) male outdoor recreation areas with a basketball court,

exercise/weight area, and horseshoes. Also, there is a warehouse/maintenance adjacent to this building.

The second building which is located to the right as you enter the main building and houses work release.

The third building that is accessed by a control room leading from the main building to an outdoor breeze way and is the women's housing unit with a secure area that leads into the medical office area, kitchen/dining area, food service area (freezer, refrigerator, and dry goods/food storage) and four (4) wings. There is a secure entrance leading into the women's housing area which contains a staff workstation, several day rooms, exercise room, administrative offices, attorney/client room, shower/bathroom area, outdoor visitation and recreation area, classrooms, kiosks, and telephones.

Each of the housing unit have bathroom areas and showering areas that are partitioned off by curtains and partitions. All interview resident stated they are not seen by person of the other gender when taking a shower, dressing, or using the bathroom.

Staff announce their presence prior to entering a dormitory housing resident of the other gender. There are posting in each living unit, day room, work area, visitation room and food service area that includes Zero Tolerance Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, victim advocacy group.

The Food Service area is a small area which includes cook works stations, cooking appliances, wash area and storage areas. There are cameras located throughout the food service area.

The facility has cameras strategically placed inside the facility and areas outside of the facility. There were not cameras in areas where residents use the shower, toilet, or dress.

A tour of the center, and review of the cameras system and mirrors provided assurance that the facility had addressed any past concerns of blind spots and any privacy issuers. Facility staff pointed several areas that mirrors, and cameras have been relocate following the last PREA audits.

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:

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

Exceed compliance was determined by review of agency organization chart, agency, and center policies, both staff and resident training orientation power point presentations, posters, resident manual, and agency data base.

Standard 115.218: Upgrades to facilities and technologies

The facility is undergoing major upgrades to the camera system. Also a new intake area is being built to provide for more privacy during shake downs and to develop an area where staff can conduct initial training and private areas with computers to conduct screening instruments. A classroom is being furnished with lecture, screening, and updated projector to conduct PREA training.

Standard 115.253: Resident access to outside confidential support services

The agency Victim Advocate is available twenty four hours a day and prior to the pandemic conducted training programs for the resident population.

Standards Met 42

Number of Standards Met:

Standards Not Met

Number of Standards Not Met:

List of Standards Not Met:

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Nebraska Department of Correctional Services (NDCS) Policy 203.11 Sexual Assault/Abuse Revised July 31, 2020
NDCS Policy 200 .02 Agency Organizational and Management
NDCS Organization Chart
Community Corrections Center- Lincoln (CCC-L) Organization Chart

Nebraska Department of Correctional Services (NDCS) published Policy 203.11 Sexual Assault/Abuse which addresses this standard. The policy mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines procedures and expectations related to agency's approach to preventing, detecting, and responding to sexual

abuse and sexual harassment. It is developed in compliance with the PREA standards for adult prisons and jails and includes definitions of prohibited behaviors regarding sexual assault and sexual harassment for staff and inmates.

The policy also included sanctions for staff and inmates found to have participated in prohibited behaviors. Staff members who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with Employee Discipline policy and Facility Rule of Conduct and subject to employment termination. Employees are subject to criminal prosecution.

The policy includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. Inmates who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with sanctions outlined in the facility's inmate handbook.

The agency and Community Corrections facility's organizational chart meets the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency policy and organization chart establishes an upper-level PREA coordinator for the agency who has sufficient time and authority to develop, implement, and oversee NDCS efforts to comply with the PREA standards in all facilities.

NDCS policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the A&O Handbook, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The institution meets the standards with all the programs they have implemented to ensure the inmates and staff understand its position on zero-tolerance and how to prevent and intervene in sexual abuse, sexual assaults, or sexual harassment.

Compliance was determined by review of policies, memorandums, orientation power point presentations, posters, A&O handbook and interviews with staff, contractors, volunteer coordinator and inmates.

All written documents are available in English and Spanish. Additional interpretive services are available for residents who do not speak or read English. Both facility staff and residents are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as

well as updates throughout the year. The agency and center meet the standards with all the programs they have implemented to ensure the residents and staff understand its position on zero- tolerance. 33.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

County Jail Contract for Services Scottsbluff
full contract
Platte county full contract
Hall Full contract
Dawson Full contract
Buffalo Full contract

Nebraska Department of Correctional Services contracts for the confinement of its inmates with private agencies or other entities including other government agencies. Presently there are 6 contracts for confinement of inmates. 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. NDCS publishes website which clearly states all new contracts, amended contracts, or contracts renewals shall include an obligation to adopt and comply with the PREA standards. Contracted providers will be subject to PREA audits and contract monitoring to ensure compliance with PREA standards.

Compliance was verified through review of contracts, review of Nebraska Department of Correctional Services website and interview with DOC PREA coordinator.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard: Statement of Fact

Nebraska Department of Correctional Services Policy 203.11 Sexual Assault - Security Rounds
Unit Logs showing Rounds
NDCS Policy 112.05 Personnel Review
Sample Rounds
CCC-L FY19 Staffing Plan
Unannounced Rounds Log Sept-Dec
Unannounced Rounds Log March-June
Facility Floor Plan with Camera Locations

Nebraska Department of Correctional Services requires the facility to review the staffing plans on an annual basis. The annual staffing plan included:

- Generally accepted detention and correctional practices.
- Judicial findings of inadequacy.

- Findings of inadequacy from Federal investigative agencies.
- Findings of inadequacy from internal or external oversight bodies.
- All components of the facility's physical plant. - The composition of the inmate population.
- The number and placement of supervisory staff.
- Institution programs occurring on a particular shift.
- Applicable State or local laws, regulations, or standards.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and - Other relevant factors.

Interviews with the Warden and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and reviewing their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The Warden meets weekly with his executive staff, including to address staffing issues as they relate to the PREA.

The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included an examination of all video monitoring systems; staff interviews; and rosters. Supervisory and Administrative staff members routinely make unannounced rounds covering all shifts and these rounds are documented. PREA rounds are documented in PREA logs at the officer's stations logs for housing units.

Nebraska Department of Correctional Services (NDCS) Policy 203.11 Sexual Assault/Abuse - Security Rounds mandates that each facility shall implement a policy and practice of having intermediate-level and higher-level supervisors conduct and document unannounced rounds, on all shifts, to identify and deter team member sexual abuse/assault and sexual harassment. Specific policy is detailed in facility procedures. Team members are strictly prohibited from alerting other team members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. The agency provided the center with PREA incidents reported including time, place, and active action reports. This information is utilized to review the facility staffing plan for the upcoming fiscal year.

There have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision. The review of unannounced rounds logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and document visits throughout the institution, during the day, at night and on weekends. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, including nights and weekends. Compliance was also determined by staff

interviews conducted during the tour of all areas of the facility, including human resource manager and correctional staff; reviews of documented staffing rosters, daily supervisory checks, and facility workforce quarterly meeting records; pay period staffing reports and the examination of the video monitoring system. A staffing plan review was conducted by CCC-L in January 2021. A comprehensive tour of the facility was conducted during the audit that included looking for blind spots, reviewing cameras coverage and available staff in areas that inmates are assigned. Subsequently, tours of each area of the facility was also reviewed while going throughout the facility to meet with staff and to interview inmates. The Warden provided a statement of fact that the facility has not deviated from the established staffing plan in the last 12 months.

An examination of policy and supporting documentation and all interviews confirms compliance with this standard.

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*)

Instructions for Overall Compliance Determination Narrative

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The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Nebraska Department of Correctional Services Policy 203.11 Sexual Assault/Abuse – Limits to Cross Gender Viewing and Searches
Staff Training Curriculum
Memo searches of female inmates
Memo cross gender searches In-service training
PREA Staff Training Curriculum

NDCS Policy 203.11 Sexual Assault/Abuse – Limits to Cross Gender Viewing and Searches allows frisk searches by a staff member of the same sex, when available. Security staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. The agency's Guidance in Cross Gender and Transgender Pat Searches curriculum was provided for review. The PREA Coordinator provided a memo to all staff for Transgender Pat Searches. The memo say in order to best meet the needs of the transgender inmates. The Nebraska department of Correctional Service looks at each transgender inmate on an individual case-by-case

basis. NDCS does not have one method in which transgender inmates are pat searched, a manner in which such search are conducted may need to be different for each individual. Therefore, staff are trained on how to conduct cross gender pat searches in the manner that is best suited for the individual inmate inception into NDCS and upon transferring to a new facility. Staff sign a Cross Gender Pat Searches & Searches of Transgender & Intersex acknowledgement form upon completion of this training. Receipt of this training was verified through interviews with staff and review of staff training records.

The agency has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks, or genitalia. Policy requires staff of the opposite gender to announce their presence when they enter resident housing and restroom areas. This practice was observed while on-site and residents and staff interviewed confirmed that this practice is being followed. All showers had either doors, partitions, or curtains. All toilets had partitions or doors. There was no area that was visited by the auditor that had any showers, toilets or dressing area that would allow staff to view naked residents. Residents shared that they feel they have privacy to shower, toilet, and change clothing when staff of the staff are in their housing unit. A review of all cameras did not show any area that residents would be using the toilets and showering. Compliance was determined by review of policies, touring all area of the facility, interviews with residents and staff.

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*)

Instructions for Overall Compliance Determination Narrative

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The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Language Line Services, Inc.
NDCS Policy 203.11 Sexual Assault/Abuse
NDCS Policy 004.01 ADA- Inmates and the Public
ADA Training
Power point training Statement
of Fact

Through policy and practice, the facility ensures that inmates with all disabilities listed in §115.16 (a) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The agency's training curriculum address implementation of Agency Mandates. All PREA related information, including postings, brochures and handouts are available in English and Spanish languages. Staff also may read information to inmates when necessary. Translation services are available through trained staff and a contracted language service for inmates who are not English proficient for any language. All training documents and video are provided in English and Spanish versions. The PREA coordinator utilizes the PREA Resource Center to provide much of the information that is utilized at the facility for inmate training.

Communication services are available for inmates who use sign language. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. Compliance was determined by reviewing inmate training, and interviews with PREA coordinator and facility PREA compliance manager.

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 center (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 center (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 center 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 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*)

Instructions for Overall Compliance Determination Narrative

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must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 112.31 Code of Ethics
NDCS Policy 112.03 Selection of Team Members

The agency provided several documents that validate policy for all areas of this standard. These include New Hiring Prohibitions, Promotion Prohibitions, New Employee Hiring Policy, Hiring Process Manual, and External Web Employee. NDCS Policy 112.31 Code of Ethics and Conduct and NDCS Policy 112.03 Selection of Team Members codifies the requirements for this standard. Each of these documents require Pre-employment background checks, a minimum of background checks within five (5) years of initial employment and background checks for all promotions prior to being offered a promotion. Policy mandates upon employees a continuing affirmative duty to disclose any misconduct involving engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above. Additionally NDCS requires staff to report any criminal or civil activities. Nebraska Department of Correctional Services central personnel office completes all background checks. Fifteen (15) local personnel files were examined by the Auditor to ensure compliance with all aspects of this standard. This included five new hires, five promotions, and five staff with over 5 years tenure with the agency. All backgrounds had been conducted. All employees who have contact with inmates have had a full field background.

Contractors and volunteers who have regular contact with inmates also have criminal background checks completed prior to having contact with inmates. Volunteer and contractor background checks are repeated yearly. A review of the visitors file provided update background checks. The facility does not hire or promote anyone who may have contact with inmates and does not enlist the services of any contractor who may have contact with inmates who has engaged in any type of sexual abuse or sexual harassment (no exceptions). Employees have a duty to disclose such misconduct and material omissions regarding such misconduct may be grounds for termination.

Submission of false information by any applicant is grounds for not hiring the applicant. The Human Resource Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource Manager also confirmed the agency 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. Policy provides

that the facility notify appropriate licensing/certifying agencies when professional staff members are terminated for substantiated allegations of sexual abuse or sexual harassment.

A review of personnel and volunteer files and relevant supporting documentation, including interview with personnel manager and volunteer coordinator confirm compliance with this standard. The human resources director maintains a spread sheet with all staff, dates they were hired, dates background check were completed, when five year reviews are scheduled, date five year background were completed, dates promotions were announced, date promotion backgrounds were requested, date backgrounds were completed, and date staff were offered the promotion. A review of background checks, policy and interviews with Human Resources staff determined the agency exceeds the expectation of 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*)

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The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse
Documentation of Upgrades to surveillance systems CCC-L
Camera Map – Main
CCC-L Camera Map – WHU

NDCS Policy 203.11 Sexual Assault/Abuse requires that when designing or acquiring any new facility and in planning and substantial expansion or modification of existing facilities, the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

Interviews with the PREA Compliance Manager and Warden indicated that there has been expansion during the past four years. The facility Management Team indicated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility's ability to protect inmates from sexual abuse. The facility has made additional enhancement to the cameras in living areas, food service areas and blind areas identified during the last PREA audit. The warden indicated that preventive maintenance is completed on cameras on a continuous basis. A review of the cameras found all cameras working appropriately and no cameras provided a view of showers, bathrooms, shakedown or dressing areas. The facility is in the completion's stages of additional group spaces, intake area and support offices. Each of these areas will also include additional cameras and upgrade to the monitoring system. Compliance was determined by review of the camera system, interviews with Warden and reviewing yearly staffing and camera upgrades.

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*)

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The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse

MOU with Nebraska Department of Correctional Services (NDCS) and the Nebraska Coalition to End Sexual and Domestic Violence. (Coalition) Facility Checklist for Incidents of Sexual Assault/Abuse

Memo for MOU with Hospitals

Memo for SANE examinations Statement of Fact

Nebraska Department of Correctional Services has two trained law enforcement investigators to conduct allegations of felony level criminal activity by offenders and assists law enforcement agencies with conducting criminal investigations involving employees, volunteers, contractors, and visitors within the department. NDCS works with Nebraska State Patrol to assist or co investigate as required by NDCS management team and the trained investigators. Completed investigations are forwarded to the appropriate Deputy Director for referral to the appropriate county attorney's office for criminal prosecution. Any investigative data revealing criminal activity outside of the department is referred to the appropriate law enforcement agency. This was confirmed in an interview with the assigned facility investigator. Criminal Investigation policy mandates that persons conducting investigations must be aware of PREA standards and follow appropriate Sex Abuse investigations protocol.

Investigators are trained and follow appropriate curriculum for a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. NDCS investigations utilizes Department of Justice "National Protocol for Sexual Assault Medical Forensic Examination, Adults / Adolescents for all investigations.

The facility has developed and trained staff on a Coordinated Response Plan. The facility also has trained all PREA Support Person roles and responsibilities to assist in coordinated responses of sexual abuse. The facility uses the services at Bryan Medical Center (SANE certified) that maintains a Sexual Assault Nurse Examiner on call. During the last 12 months there have been no inmate referred to hospital of SANE forensic evaluation.

The agency has a MOU with Nebraska Coalition to End Sexual and Domestic Violence. Per agreement the Coalition will contract with Rape/Domestic Abuse Program (RDAP), a member program within their network, to provide the Prison Sexual Assault Hotline services. The hotline will be available 7 days a week from 10:00am-7:00pm. The Hotline services include emotional support, crisis intervention, assessment of needs, PREA standards information, and referral to additional resources. The hotline is confidential however the hotline is not a reporting method for the inmate population. In the event that an inmate discloses that he or she has been sexually abused, the Coalition will offer to assist inmate in reporting. If the inmate requests assistance in reporting, the Coalition will first obtain written permission to disclose information. If a disclosure form has been completed, the Coalition will notify the NDCS PREA Coordinator of the allegation. The community victims' advocacy service and telephone number are available to the inmates located throughout the facility. There is evidence of NDCS Director obtaining a Memorandum of Understanding with the Nebraska Coalition to End Sexual & Domestic Violence dated 7/20/18 to provide free confidential crisis intervention and emotional support related to sexual abuse or sexual assault inmates and any inmate seeking services calling the toll-free telephone number and forensic medical examinations at no financial cost to the victim. Also, Bryan West Medical Center (SANE certified) provides emergency services and forensic medical examinations at no financial cost to the victim. The director of the advocacy service indicated there have been no calls from inmates in the past twelve (12) months requesting emotional support services related to sexual abuse or sexual assault at this facility.

The Coalition will make a sexual assault advocate available for a medical forensic examination upon request from an inmate who has been the victim of sexual abuse while incarcerated. The sexual assault advocate will provide emotional support and information on the exam process during the forensic examination.

The Coalition will make a sexual assault advocate available at the request of an inmate for investigative interviews of sexual abuse. The sexual assault advocate will provide information on standards and emotional support during the process.

The Coalition will provide in-person advocacy services to inmates experiencing past or current sexual assault by another inmate, detainee, resident, staff member, contractor, or volunteer. These visits shall be as confidential as possible. Correctional staff will not be permitted to be

present during the advocacy meeting. When an inmate requests in-person sexual assault advocacy, the Coalition or sexual assault advocate will coordinate the visit with PREA Compliance Manager of the facility these visits will occur during business hours.

The agency has a Facility Check List for coordinated responses to sexual abuse that includes notification to the victim advocates.

Compliance was confirmed by review of policies, documents including investigative files, interviews with investigator, PREA compliance manager, PREA Coordinator, Bryan West Medical Center (SANE certified), and interview with Victim advocate.

Medical and mental health staff interviews indicated the facility will offer all victims access to forensic medical examinations without financial cost. In the past twelve (12) months, there has been no allegation where a victim required a forensic medical examination.

Residents are made aware of the confidential emotional support services available to them in the PREA Education Manual for Residents, and PREA posters displayed throughout the facility. When interviewed, residents were aware of the confidential emotional support services available to them and how to access them. Compliance was determined by review of policies, MOU, and documentation provided from Victim Advocacy Group and interview with the coalitions executive director.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Statement of Fact
Annual Assessment for 2020
NDCS Policy 203.11 Sexual Assault/Abuse
Nebraska Website

The facility has seven (7) investigators that have completed investigator training offered by Nebraska Department of Correctional Services. The agency has two investigators that are law enforcement officers that are trained on investigating sexual abuse. The agency also utilizes the Nebraska State Patrol to conduct criminal investigations involving staff on residents. . During the 2020 sexual abuse/ harassment annual assessment the facility had one allegations of sexual abuse and two allegation of sexual harassment and one investigation pending. One allegation of resident on resident sexual abuse was substantiated. One allegation of sexual harassment was substantiated, and one was unsubstantiated.

NDCS Policy 203.11 Sexual Assault/Abuse requires that an administrative or criminal investigation is completed for all allegations of sexual abuse/assault and sexual harassment, including third party and anonymous reports, in a prompt, thorough and objective manner. The PREA compliance manager reviews the report and notifies the Agency PREA coordinators office of PREA Allegation of Sexual Harassment. When the information is learned from other agencies or third party reporting the facility will begin an investigation within 24 hours.

The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the Nebraska Website. Compliance was determined by review of policies, investigative reports, websites, and interviews with staff and facility investigator.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse
Pre-service PREA 2020

In-Service PREA 2020
PREA Completion 19-20
Training Curriculum
Pat Search with Cross Gender Considerations
PREA Signature of Understanding
PREA Staff Training Records
PREA Training Requirements PREA
Orientation

All staff are provided all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the residents and preserving the possible crime scene. Training includes:

- Zero-tolerance policy for sexual abuse and sexual harassment
- How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- Residents' right to be free from sexual abuse and sexual harassment.
- Residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- Dynamics of sexual abuse and sexual harassment in confinement.
- Common reactions of sexual abuse and sexual harassment victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with residents.
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
- How to comply with relevant laws related to mandatory reporting of sexual abuse
- Cross Gender & Pat Searches & Searches of Transgender and Intersex

The Nebraska Department of Correctional Services Policy 200.02 states that offenders, staff, contractors, volunteers, and others deemed necessary by administration must receive training on sexual abuse/harassment/staff sexual misconduct prevention, detection, and the agency response plan. This training curriculum includes all elements of PREA training noted above. Training is tailored to provide specialized training for female, transgender, and intersex residents. Related education is provided annually during refresher training. The review of lesson plans, training logs and PREA power point presentations confirmed that the provided training also addresses all elements identified in the standard.

Employees have PREA information noted on posters available to them and located throughout the facility. They are provided a PREA Brochure developed by the PREA office, and all carry a PREA reference card. Staff annual training files were reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated they received the required PREA training initially and annually.

The agency maintains a Learning Management System for employees, and it maintains all staff records. To show completion of the training, staff must first receive the training and pass a test. Staff members are required to use their personal information to enter the course and indicate they have received and meet the minimum test requirements. The extensive training provided and staff knowledge of PREA requirements confirmed that the facility is compliant with this standard. All staff members interviewed were aware of all aspects of the training and each interviewed indicated they had received training in the previous year.

A sampling of staff annual training files (12) were reviewed and contained documentation supporting compliance with this standard. In the past 12 months, all CCC-L staff have received PREA training as verified by review of employee training files. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing and responding to allegations of sexual abuse and sexual harassment. The facility meets this standard as was evident by review of the training curriculums, review of staff training records and the overall knowledge of staff in response to interview questions.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/
Abuse Volunteer training Handbook 2018
PP Volunteer Refresher Training 2019
PP Volunteer Orientation
MH Training
Medical Training

NDCS Policy 203.11 Sexual Assault/Abuse mandates each facility shall ensure that all Contractors or volunteers who have contact with residents are trained on their responsibilities under Sexual Abuse and Harassment prevention, detection, and response policies and procedures. Contracted Medical and Mental Healthcare Practitioners shall receive specialized training, in addition to general training for Contractors and Volunteers (if their duties include evaluating and providing patient care to residents). All volunteer staff are required to receive PREA training annually. A review of volunteer training curriculum included all aspects of this standard. No volunteers are currently accessing the facility to provide service.

A contracting medical staff was interviewed. Each received PREA training and undergoes a yearly background check prior to being allowed into the facility or supervises inmates. A review of the PREA training rosters signed by contract staff, a review of the volunteer and training

files confirmed all information required to document training. All background checks are maintained in the administrative offices and were reviewed and found up to date. All volunteer or contract staff receives copies of a PREA updates. These updates were noted in the file and were verified through an interview with volunteer coordinator and PREA compliance manager. Compliance was determined by review of the training files for contractors and review of the volunteer files.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse

Inmate education

English-Spanish No means No Posters

English-Spanish Orientation

Education-Spanish verification

Prior to being assigned to this facility each inmate goes through a diagnostic program or processing center. Offenders receive written and verbal information in a language easily understood by the offender, regarding:

- a) The DOC zero-tolerance policy on sexual abuse/harassment.
- b) How to avoid sexual contact in prison.
- c) The risks and potential consequences of engaging in any type of sexual activity while incarcerated, which may include criminal sanctions and/or offender discipline.
- d) How to identify and report an incident of sexual abuse/harassment or staff sexual misconduct.
- e) What defines a false accusation and the consequences for making a false accusation; and
- f) How to obtain counseling services and/or medical assistance if victimized.

Policy mandates that during in-processing procedures at CCC-L, a staff member conducts an education program regarding PREA and each inmate is provided a pamphlet describing the agency's PREA compliance program. The information identifies the key elements of the program and informs them of the zero-tolerance policy regarding sexual abuse and sexual harassment and multiple ways to report sexual abuse or sexual harassment. The information also informs the inmates they will be free from retaliation for reporting an incident and that both male and female staff members routinely work in and monitor the housing units. The information is available in English and Spanish languages. Within thirty days of arrival of the facility all offenders must attend a formal PREA training class that includes an in depth discussion of PREA. The tour of the Facility confirmed that several PREA education posters were prominently displayed in all housing units, the visiting rooms, and common/program areas. Inmate interviews confirmed that they received PREA information during the orientation at the reception center and at other facilities. However, several said they had not received training at CCC-L. Policy also mandates that each time an Inmate receives training it is documented in his institutional record. A review of institutional records found that 10 out of 15 inmates had not signed that they had received initial training or follow up training as mandated by the policy. Based on interview with resident, lack of documentation in the resident file it was determined that the facility does not meet this standard, and a corrective action plan is required.

The PREA Coordinator, Warden and supervisory staff have formulated a corrective action plan and a verification system to ensure that all aspects of this standard are completed. The facility will be revisited on June 23, 2021, to determine compliance.

Corrective Action Plan

The new resident education program includes all areas of the 115.233 standards and also includes a discussion by the facility warden and/ or unit manager about PREA. On the day of the audit the warden completed the presentation to the new arrivals. Resident sign a document indicating they have completed the PREA training program, were given an opportunity to ask any questions and sign a statement that they understand the agency polices, reporting procedures and related PREA services. All files reviewed had this information documenting in the inmate files. The facility is now in full compliance 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse
PREA Investigators (c-2)
PREA Investigation Training (a-2)
PREA Instructor Outline updates (a-2)

A review of the Nebraska Department of Correctional Services Policy 203.11 -Sexual assault/Abuse revised 4/30/19 requires the NDCS PREA Office to ensure all investigators are professionally trained in conducting investigations in confinement settings. The required

training includes Techniques for interviewing sexual abuse victims; 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 or prosecution referral. All investigators under-go an extensive training developed by NDCS PREA Office prior to conducting criminal and administrative investigations which includes the NDCS PREA Specialized Investigative Training. There are seven (7) staff at the facility who has completed the NDCS PREA Specialized Investigative Training, PREA and other required investigative training. Documentation and an interview with one of the facility investigators confirmed completing the required specialized investigator training as well as the annual PREA education. The facility investigator indicated the specialized investigation training consisted of interviewing techniques, Miranda warnings, Garrity warnings, sexual abuse evidence collection, and the criteria and evidence to substantiate a case for administrative or prosecution referral. The investigator was interviewed, and they were able to explain in detail the process and procedures required during a PREA-related investigation.

NDCS employees two investigators to conduct criminal investigations. These staff have received the same pre-requisite training as facility investigators and additional training for compliance with Nebraska law enforcement officers.

A review of the training curriculum included techniques for interviewing sexual abuse victims, 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. The local investigators were extremely knowledgeable of sexual abuse or sexual harassment. A review of the training records interviews with investigator and lieutenants confirmed completion of required specialized training in conducting sexual abuse investigations and additional training on investigating sexual harassment interviews in confinement settings.

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 parttime 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*)

Instructions for Overall Compliance Determination Narrative

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The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse
Training Curriculum
Medical PREA Training Records
Statement of Fact

A review of the Nebraska Department of Correctional Services (NDCS) Policy 203.11-sexual Assault/Abuse requires PREA training and specialized training for medical and mental health staff. Full and part-time medical and mental health staff who work regularly in NDCS facilities receives specialized training in:

- How to detect and assess for signs of sexual abuse and sexual harassment.
- 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.

Documentation review and a medical staff interview confirmed she had received the basic PREA training provided to all staff and the specialized training offered by NDCS Director of Nursing. All contracted medical and mental health staff signs the “Inmate Sexual

Assault/Abuse Agreement for Volunteers and Contractors” form to acknowledge they received the training and understand their responsibilities in the event of an incident. The medical staff do not conduct forensic examinations.

Medical and mental health care staff acknowledged, in writing, that they both received and understood the training, as it relates to the PREA. Interviews with medical and mental health staff confirmed awareness of their responsibilities regarding the PREA specialized training medical and mental health staff have attended during the last 12 months. Medical staff interviewed were extremely knowledgeable of sexual abuse and sexual harassment and responses to reporting and identifying sexual abuse or sexual harassment. Compliance was determined by review of training curriculum, interviews with nurse, and reviewing computerized training files for nurse and mental health staff.

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 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse PREA
Screening Tools

A review of the NDCS Policy 203.11 Sexual Assault/Abuse revised 4/30/19 requires prior to placement as part of the screening process each inmate is screened upon admission within seventy-two (72) hours of arrival with an objective screening instrument (NDCS Potential for Sexual Assault/Sexual Victimization Screening Instrument) for risk of victimization, potential vulnerabilities, or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior. Requires all inmates to be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Requires intake screening include mental, physical, or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult

or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the inmate is or is perceived to be LGBTI or gender nonconforming. Policy prohibits discipline of the inmate for refusing to answer screening questions.

Most of the resident's interviews and a review of the documentation confirmed the risk screenings are not being done within seventy-two (72) hours of their admission to the facility. Interviews with a Unit Administrator and Unit Case Worker confirmed a mental health survey questionnaire is asked each resident during admission and the risk assessment is completed the following day. A review of the risk screening instrument dates indicated the screening was conducted within 24 hours up to 7 days after the day the resident arrives at the center. Based on interviews with staff part of the problem arises from not having access to the screening instrument during the initial screening.

Unit Managers interviewed explained they utilized previous screening instruments from other facilities, medical reviews, and mental health survey in assigning residents. A corrective action plan is required.

The PREA coordinator and facility warden have developed a corrective action plan to ensure compliance with this standard. The facility has finished renovation of the intake area and have placed computers in the intake area for staff to use in conducting the screening. The facility has developed a tracking system that will be utilized by each unit manager, assistant warden, warden and PREA coordinator to determine date and time that screening were completed. The auditor will re audit this standard on June 23, 2021. Including in the audit will be a review of random files and interview with resident and staff specific to standards 15.233 and 115.241 and 115.242

Corrective Action Plan

The agency has made the screening instrument available to intake staff when a resident arrives at the facility. The facility has appointed two staff members to conduct all screening instrument within 72 hours of arrival at the facility and unit managers or case managers conduct the rescreening within 30 days. The agency has implemented a system to alert staff 25 days after a resident arrives at the facility. The alert goes to the case manager, unit manager, and PREA compliance managers and the two staff that have been assigned to manage the screening protocol for the facility. All files reviewed including their PREA training and screening instruments. The inmates that had been at the facility more than 20 days contained a Rescreening documentation. All inmate interview indicated they had received the screening and rescreening when appropriate. Residents that had been at the facility prior to the corrective action plan were interviewed. They also had been screened during the corrective action period.

The screening instrument is now completed prior to determination of housing and job assignment. The intake staff and when available Warden meet with the residents after the screening and medical/mental health staff screening to discuss appropriate housing

and job assignments with each resident. All other areas of standard 242 were compliant during the initial audit and continued to be complaint based on policy and interviews the staff and residents. There were not target residents at the facility during this audit.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse Room
Assignments Report

NDCS Policy 203.11 Sexual Assault/Abuse requires risk screening information is used to determine housing, bed, work, education, and program assignments, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials. In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would

ensure the offender's health and safety, and whether the placement would present management or security problems. The NDCS does not place lesbian, bisexual, transgender, and gender variant, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. The NDCS evaluates and places offenders who claim to be undergoing transgender or transsexual-related treatment, offenders who appear to be gender-variant, or offenders having other clinical conditions in which the gender assignment is unclear in a similar manner. The offender's own views regarding his or her own safety are considered in placements and job assignments. Policy mandates placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. The facility shower areas are modified to establish privacy from staff of the other gender. Inmates are also allowed to dress and complete bodily functions without being in view of person of the other gender. One transgender resident was housed at the facility during the on-site audit. She indicated that she felt safe at the facility and up until recently she had no request for room changes or job changes. She indicated she has asked to be moved to a program in Omaha which houses other transgender resident and is close to her home. She stated he was interviewed by a mental health staff and unit manager when she arrived and discussed her living arrangement. She was offered the opportunity to shower by herself and was asked which gender she preferred to be pat searched by.

The facility is in noncompliance due to not having a screening instrument completed when making decisions about room and job assignments. The unit manager showed the auditor a computer screen with several previous screening instruments that he indicated was utilized to make room assignments. That fall short of the standard as it is not updated upon arrival at the facility for several days. Noncompliance was determined by review of the screening instruments and interviews with the Unit Managers.

The corrective action plan delineated in 115.241 will encompass this standard.

Corrective Action Plan

The screening instrument is now completed prior to determination of housing and job assignment. The intake staff and when available Warden meet with the residents after the screening and medical/mental health staff screening to discuss appropriate housing and job assignments with each resident. All other areas of standard 242 were compliant during the initial audit and continued to be complaint based on policy and interviews the staff and residents. There were not target residents at the facility during this audit.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Orientation Material and Posters

Phone posters

Victim Advocate Services Info

CCC-L Rule Book PREA

NDCS Policy 203.11 Sexual Assault/Abuse - Verbal Report by Inmate

NDCS Policy 203.11 Sexual Assault/Abuse - Staff Private Reporting

Slides from yearly In-Service

Memo of Fact

NDCS Policy 203.11 Sexual Assault/Abuse affords offenders multiple ways to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for making a report, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Ways to Report Included: Telling
any staff member

Writing an inmate interview request form
utilizing the PREA Reporting Hotline a
trusted third party

CCC-Lincoln has multiple ways for inmate reporting of sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Also, during the orientation process inmates are advised that they can tell any staff member, including contractors or volunteers, who are trained and required to report all allegations of sexual abuse or sexual harassment and in writing through the grievance procedure and the Ombudsman Office. Random staff interviews confirmed they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, and from third parties and report to their supervisor. In addition, the staff is provided information for reporting sexual abuse or sexual harassment in a confidential manner through a separate phone number that is outside of the facility. While conducting the on-site visit of the entire facility, this auditor observed in all living areas postings of the PREA information (posters) informing inmates of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate, however, the victim advocate information was limited and unclear as to what services are provided. Reporting procedures are provided to inmates through the CCC Lincoln's inmate NDCS PREA pamphlet entitled "Sexual Assault Awareness" and during the intake/orientation process. During the facility tour, the auditor tested the hotline number to confirm the inmate has access to report of sexual abuse and sexual harassment.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse Memo
of Fact

NDCS Policy 217.02 Inmate Grievance Procedures Advocacy
MOU 2020-2021

There is a procedure in place for residents to submit grievances regarding sexual abuse and the agency has procedures for how to file grievances. Residents are not required to use an informal grievance process and procedures also allow a resident to submit a grievance alleging sexual abuse/sexual harassment without submitting it to the staff member who is the subject of the complaint. Policy 217.02 Grievance Process have procedures in place for residents to submit grievances regarding sexual abuse and the agency has procedures in place for dealing with these grievances. There is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. A resident may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. Residents are informed of the grievance process through the Resident Handbook. If a third-party file a grievance on a resident's behalf, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and permitted to file such requests on behalf of inmates. It allows the facility to request the alleged victim to agree to third party grievances alleging sexual abuse. If an inmate declines to have the request processed, the facility will document the inmates' decision. Emergency grievances may be filed if a resident feels he is at substantial risk of imminent sexual abuse. The facility warden or his designee will take

immediate corrective action to protect the alleged victim upon receiving an emergency grievance of this nature. An initial response will be issued to the resident filing an emergency grievance within 48 hours and final decision will be provided within five calendar days. A final decision will be issued on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing date. The facility may claim an extension of time to respond, up to 70 days, and shall notify the resident of the extension in writing. The agency may discipline a resident for filing a grievance related to alleged sexual abuse if the agency determines that the resident filed the grievance with malicious intent.

This information is posted on each living unit bulletin board. Disciplinary action would generally be taken if a grievance were filed in bad faith. In the past 12 months, the facility has received one grievance alleging sexual harassment and there were no emergency grievances received. Compliance was determined by review of policies, grievance, and grievance log, as well as interview with the PCM.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse
Website PREA page
Offender Handbook (English and Spanish)
Victim Advocate

NDCS Policy 203.11 Sexual Assault/Abuse Criminal Investigations requires prior to the investigation of an alleged sexual assault, the special investigator must offer the victim the right to have a victim advocate present during any stage of the investigation. The victim advocate MOU establishes Victim Emotional Support. Interviews with the Nebraska Coalition to End Sexual & Domestic Violence provided and in depth program that is provided to CCC-L. Prior to the pandemic the support system had conducted seminars for offenders and staff. The MOU establishes that the Coalition will make a sexual assault advocate available at the request of an inmate for investigative interviews of sexual abuse. The sexual assault advocate will provide information on standards and emotional support during the process. The Coalition will provide in-person advocacy services to inmates experiencing past or current sexual assault by another inmate, detainee, resident, staff member, contractor, or volunteer. These visits shall be as confidential as possible. Correctional staff will not be permitted to be present during the advocacy meeting. When an inmate requests in-person sexual assault advocacy, the Coalition or sexual assault advocate will coordinate the visit with PREA Compliance

Manager of the facility. NDCS will provide information to the inmate population regarding the Coalition and how to contact the coalition for advocacy services. The hotline number will be posted in each housing unit in a location where it is easily visible. The PREA Compliance Manager will test the hotline once per quarter to identify any technical issues. When a PREA report has been made to the PREA Coordinator, information regarding advocacy services will be provided to the inmate. NDCS will provide the inmate with visits with a sexual assault advocate in as confidential a manner as possible and confidential mail from a sexual assault advocate where it is appropriate. Inmates interviewed were aware of the program and how to get in contact with advocacy programs by confidential phone calls.

The facility has available the PREA pamphlet "What You Need to Know About Sexual Assault" and identifies for the inmates to call or write the Ombudsman's Office or the Prison Advocacy Coordinator. Outside services information is provided to the inmates during the orientation process.

Compliance was confirmed by review of MOU, interviews with Victim Advocate, staff and residents and observation of Posters throughout the facility.

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

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse
Website PREA page
Offender Handbook (English and Spanish)
Victim Advocate MOU

A review of the Nebraska Department of Correctional Services Policy 203.11 (Sexual Assault/Abuse) revised 4/30/19 identifies the Department's third party reporting process and instructs staff to accept third party reports from any source, provides information for anyone who sees or suspects sexual abuse, sexual harassment, or victimization of any kind. NDCS website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of an inmate. Third party reporting includes.

- a. Hotline number (855) 623-7360
- b. Submitting an online reporting form.

These calls go directly to the State-wide PREA Coordinator. Procedures for third party reporting can be found on the NDCS website. (<https://www.corrections.nebraska.gov>)

The telephone number for third party reporting was contacted by the auditor and the message was delivered to the PREA coordinator within seconds of the auditor making the call. Based on the review of the agency policy and procedures, observations and information obtained through staff and inmate interviews and review of documentation, the facility has demonstrated compliance with this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT
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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 person's 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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse
Staff, Volunteer and Contractor Training
Staff yearly in-service training.

All NDCS staff are required to report immediately and according to policy any knowledge, suspicion, or information regardless of third party including other inmates regarding:

1. An incident of sexual abuse/assault or sexual harassment that occurred in a facility, whether it is part of the agency.
2. Retaliation against inmates or staff who reported such an incident.
- 3 Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Medical and mental health staff are obligated to report sexual abuse/assault and inform inmates of their duty to report and the limitations of confidentiality at the initiation of services. If

the alleged victim is under 18 years old or considered a vulnerable adult, the allegations will be reported to the Department of Health and Human Services under applicable mandatory reporting laws

Staff shall not reveal any information related to a sexual abuse/assault report to anyone other than to the extent necessary as specified in NDCS policy, to make treatment, investigations, and other security decisions. CCC-Lincoln will immediately begin an investigation of all allegations of sexual abuse or sexual harassment regardless of the avenue that was used to report to the facility staff.

Staff, volunteers, and contractors receive yearly training on the requirements to report. Staff and volunteers receive an employee handbook that includes this same information as training provides yearly.

Compliance was determined by review of the policies, training curriculum, and interviews with correctional, treatment and administrative staff.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse Statement of Fact

When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident according to NDCS Policy 203.11 Sexual Assault/Abuse. In interview with the Facility Warden and PREA Compliance Manager and documentation provided, there were no times during the past 12 months that it was necessary for the agency to take immediate action regarding a resident being in substantial risk of sexual abuse. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse. All interviewed staff stated that regardless of credibility of the incident, all notification of imminent sexual abuse they would remain with the resident, notify the shift supervisor, PCM and Warden. The Facility Warden indicated that the facility would maintain direct supervision of the resident and would arrange for the resident to be moved to another dormitory if possible. If there are no inhouse alternatives, the center would coordinate with the NDCS central office for transfer of the aggressive resident(s) to another program. Compliance was determined by review of policy and interview with supervisors from the housing units. Also interview to determine compliance was the PCM and Facility Warden.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse

Statement of Fact

NDCS Policy 203.11 Sexual Assault/Abuse states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the head of the facility or appropriate office of the agency or facility where the sexual abuse allegedly occurred. Policy requires such notification will occur as soon as possible and no later than 72 hours of receiving the allegation. Documentation is required of any such notification.

There has been no allegation of an inmate being sexually abused provided in the while confined at another facility . Compliance with this standard was verified by reviewing Policy, and interview with intake staff, PREA compliance manager and Warden.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse

NDCS Training Curriculum

First Responder Cards

NDCS Policy 203.11 Sexual Assault/Abuse establishes mandates for staff, volunteer, and contractor's role for inmate allegation of sexual abuse. Policy and several documents (such as the PREA card provided to all staff-interviewed on how to respond to allegations of sexual assaults) provide initial guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/sexual harassment. The policies and information provide direction to security staff, medical/mental health practitioners, investigators, staff and community victim advocates, the forensic examination service providers (SANE) and facility leadership. Upon learning of an allegation of sexual assault first responders will immediately notify the nearest correctional staff member. The facility will separate the victim and abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate period for the collection of physical evidence, they would request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. There was one (1) allegation of sexual abuse during the last 12 months. A correctional officer was the first responder. The first responder made notification to the to shift supervisor with as much confidentiality as possible. The allegation was determined unsubstantial. An examination of policy/documentation, interview with all staff interviewed by auditor including education instructors, support staff confirms compliance 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 center 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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

PREA Standards Compliance Checklist
NDCS Policy 203.11 Sexual Assault/Abuse

NDCS Policy 203.11 Sexual Assault/Abuse provides a written coordinated response system at the facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, executive staff, medical and mental health practitioners, investigators, contacting law enforcement, and victim advocate services. Interviews with the CCC-Lincoln's Warden and other random staff validated their technical knowledgeable of their duties to coordinate actions taken in response to a sexual abuse allegation. The facility has a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting law enforcement, victim advocate services, hospital, and other stakeholders in response to sexual abuse allegations. Also, the staff utilizes the "Facility Checklist for Incidents of Sexual Assault/Abuse" form to complete the documentation of the incident. Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance 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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NDCS Policy 203.11 Sexual Assault/Abuse

Policy mandates that NDCS shall not enter into any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Compliance was confirmed by review of by review of policy, interviews with PREA Coordinator and Agency Director's designee.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse - Retaliation Monitoring Protection from Retaliation Log

NDCS Policy 203.11 Sexual Assault/Abuse mandates that retaliation by staff or inmates against any staff or inmate for reporting an alleged sexual abuse or sexual harassment case is strictly prohibited. The PREA Compliance Manager monitors all reported cases of sexual abuse or sexual harassment for at least 90 days following any such report to ensure retaliation does not occur. In the case of inmates, this monitoring will include periodic status checks by Retaliation Monitor. The facility has several protection and reporting measures for inmates. Policy outlines the protection measures available and requires the prompt re-mediation of any type of retaliation, any use of involuntary segregated housing for the inmate who alleged suffering sexual abuse shall only be used after an assessment determines there is no other avenues for protecting the offender. A review of the retaliation monitoring confirmed that inmate that made allegation of sexual abuse were provided retaliation monitoring. Compliance was determined by review of policy, retaliation monitoring form, and interview with PREA Compliance Manager.

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 (I)

- ✦ 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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 215.01 (Correctional Investigator's Duties and Reporting of Criminal Activities)
NDCS Policy 203.11 Sexual Assault/Abuse
PREA Standards Compliance Checklist
PREA Investigations

NDCS Policy 215.01 (Correctional Investigator's Duties and Reporting of Criminal Activities) requires all staff to refer all alleged incidents of sexual abuse or harassment to Nebraska State Patrol (NSP) for criminal investigations. Staff refers all allegations of sexual abuse and 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 report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Also, the policies require investigations to be confidential and all interviews to be conducted in private; an investigation cannot terminate based on the department of the complaint's alleged victim or perpetration from the agency employment or control, or if the source of the allegation recants; the credibility of an alleged victim, subject or witness must be assessed on an individual basis and never be determined by the person's status as an inmate or staff; investigation records to include, but not limited to investigations reports, transcripts of statement, copies of documentation relevant to the investigation, and all related material from other agency incidents as applicable; investigations must include an effort to determine whether staff actions or failures to act contributed to the incident being investigated and must be documented in writing to include investigative facts and findings. Requires the credibility of any person shall be assessed on an individual basis.

Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Requires both administrative and criminal investigations shall be documented in written reports that shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and the investigative facts and findings. All allegations of criminal conduct will be referred for prosecution. An investigation does not stop should the alleged abuser or victim depart from the employment or control of the facility or agency. All case records associated with claims of sexual abuse or sexual harassment including all documentation be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

Policy requires that all investigators shall receive special training in sexual abuse investigations before conducting PREA investigations, and that all investigations of allegations of sexual abuse or sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Requires the gathering and preserving of direct and circumstantial evidence, including physical and DNA evidence and electronic monitoring data, interviews, and reviews of prior complaints and reports of sexual abuse involving the suspected perpetrator. Requires consultation with prosecutors before conducting compelled interviews and prohibits the use of a polygraph examination or other truth-telling device as a condition for proceeding with an investigation. Documentation review and an interview with the facility Investigator confirmed he completed the required specialized investigator training as well as the annual PREA education.

The facility investigator indicated all allegations are investigated, regardless of how the information is initially obtained and reported that investigations begin immediately upon notification. All allegations of sexual abuse or sexual harassment receive an administrative investigation whether it was through the facility, victim, third party or law enforcement,

depending on the type of allegation. An investigation begins with information regarding the allegation, a review of the incident report, interview with the victim, alleged perpetrator, witnesses, and evidence gathering. The evidence collected is not limited to videos, statements, and prior complaints. Also, if an allegation is determined to contain criminal elements, the investigation would be referred to Nebraska State Patrol (NSP). The facility investigator interview confirmed the credibility of the victim is based on evidence found, and that no polygraph examination or truth-telling device is a condition for proceeding with an investigation. Also, the investigator indicated an investigation does not cease until completed, regardless of the alleged perpetrator is released or resigns employment, or if the victim leaves the facility prior to the completion of the investigation. The facility investigator reported that he would assist if the investigation were conducted by Nebraska State Patrol (NSP). A review of the one (1) investigation files of alleged inmate or inmates sexual abuse that occurred in this facility in the past twelve (12) months contained the required information in accordance with NDCS policy and procedure. Also, no investigations were substantiated for allegation of conduct nor appeared to be criminal therefore none were referred for prosecution in the past twelve (12) months. Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance 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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 215.01 (Correctional Investigator's Duties and Reporting of Criminal Activities)
NDCS Policy 203.11 Sexual Assault/Abuse.

The evidence standard is a preponderance of the evidence in determining whether administrative allegations of sexual abuse or sexual harassment are substantiated by policy, training, and review of investigative report. Investigators training programs provide in-depth clarification of this standard. Compliance was determined by review of policy, previous investigations, investigator training curriculum and interviews with investigator.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 215.01 (Correctional Investigator's Duties and Reporting of Criminal Activities)
NDCS Policy 203.11 Sexual Assault/Abuse
Memo of Fact
Memo re Notification
Notification of Outcome

NDCS Policy 203.11 Sexual Assault/Abuse requires the facility must notify the alleged victim of the outcome (once it has been determined), whether the allegations are substantiated, unsubstantiated, or unfounded.

Following an inmate's allegation that a staff member has committed sexual abuse against him, unless the agency has determined that the allegation is unfounded or unless the inmate has been released from custody, the agency subsequently informs the inmate whenever the staff

member is no longer posted within the inmate's unit or the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility. Following an inmate's allegation that a staff member has committed sexual abuse, unless the agency has determined that the allegation is unfounded or unless the inmate has been released from custody, the agency subsequently informs the inmate whenever the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following an inmate's allegation of sexual abuse by another inmate, the agency will 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. The facility documents all such notifications

There one (1) PREA-related allegations investigations during the previous 12 months, which were reviewed by the auditor. The investigations were very thorough and detailed.

The inmate was provided information of the investigation outcomes.

Compliance with this standard was verified through the review of Policy, completed forms and interviews PREA compliance manager and offender. A review of the Investigative files included notifications that were signed by inmate advising they had been informed the outcome of the administrative investigations.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse
NDCS Policy 112.31 Code of Ethics
Memo of Fact

Nebraska Department of Correctional Services website provides all employees, contractors, and volunteers are expected to have a clear understanding that the department strictly

prohibits any type of sexual relationship with an individual under the department's supervision and considers such a relationship a breach of the employee code of conduct. These relationships will not be tolerated. Mandatory staff training and offender education is provided

NDCS Policy 203.11 Sexual Assault/Abuse mandate that staff or any other individuals who have business with the DOC are subject to disciplinary action and/or criminal sanctions, including dismissal or termination of contracted services, if determined to have engaged in sexual abuse/harassment/staff sexual misconduct of an offender. A violation of this policy may result in termination from the DOC.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) is 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. 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, will be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.

There have been no substantiated cases of staff engaging in sexual abuse or sexual harassment in the last twelve months. Compliance with this standard was determined by a review of policy and staff interviews including correctional staff, human resources director, contractors, and volunteers

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

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The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse
Memo of Fact
Volunteer Handbook

NDCS Policy 203.11 Sexual Assault/Abuse mandate that any contractor, or volunteer who engages in sexual abuse must be prohibited from contact with offenders/residents. The individual must also be reported to law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal. Designated facility staff must also take appropriate remedial measures and consider whether to prohibit an individual from further contact with offenders/residents, in the case of any other violation of agency sexual abuse or sexual harassment policies. Further, this information is provided to volunteers and contractors through the Volunteer and Contractor Training modules.

Contractors and volunteers sign a directive entitled Prison Rape Elimination Act of 2003 Acknowledgement Form. Compliance of this standard was confirmed through review of the Policy, training records of volunteers and contractors, review of volunteer files containing acknowledgement statements, and interviews with volunteer and contractors.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse
Resident Handbook
Staff Training Curriculum
Inmate education
Memo of Fact

NDCS Policy 203.11 Sexual Assault/Abuse address offender disciplinary. Nebraska Department of Correctional Services published an Inmate Disciplinary Procedures that address the standard for compliance with PREA disciplinary sanctions for offenders. Information on inmate disciplinary sanctions is provided as part of the orientation process upon entry into the facility. Disciplinary handbook states that No offender shall request, solicit, or

engage in consensual sexual behavior or consensual sexual contact, or be in a situation that gives evidence of such action. Sexual behavior includes, but is not limited to, kissing, embracing, hand holding, touching the intimate parts of another person, exposing one's intimate parts to another, and inappropriate masturbation. "Intimate part" means breast, penis, anus, buttocks, scrotum, or vaginal area, whether clothed or unclothed. No offender shall have nonconsensual sexual contact with another offender. This rule prohibits sexual contact if the victim does not consent, is coerced into such act by overt or implied threatening behavior or is unable to consent or refuse. Inmates may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. When determining sanctions for violation of sexual abuse or sexual harassment the facility sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. When determining what types of sanction, if any, should be imposed, the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior. The facility mental health staff does offer the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. There have been no inmate that have been disciplined for allegation of a sexual abuse or sexual harassment in the late 12 months. Interviews with PCM confirmed compliance 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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Intake Screening and Follow-up
Intake Screening

Mental Health Informed Consent
PREA Screening Including Historical Follow Up -Redacted
NDCS Policy 203.11 Sexual Assault/Abuse

NDCS Policy 203.11 states that if through the screening process or a subsequent disclosure, staff learns information that indicates that an offender has experienced prior sexual

victimization, whether it occurred in an institutional setting or in the community, staff must ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

The policy also states that any information related to prior sexual victimization or abuse that occurred in an institutional setting must be limited to medical and mental health practitioners, and other staff, as necessary, to inform treatment plans, security, and management decisions, including such examples as housing, bed, work, education, and program assignments. The evaluation and treatment of a victim of prior sexual abuse/harassment or sexual misconduct includes follow-up services, a treatment plan, and referral for continued care following transfer to/placement in another facility. Referrals may also be provided when the offender is released from custody. When appropriate, staff refers the offender to appropriate community services such as a crisis center, support groups, mental health treatment, victim advocate services, and area law enforcement.

Interviews with Mental Health and Medical administrator provided a seamless system for the treatment of inmates with history of victimization. Both medical and mental health information is shared from the time inmates enter the Nebraska Department of Correctional Services, during screening upon arrival. The Mental Health staff provide follow-up meeting and develop a treatment plan as needed. Nebraska Department of Correctional Services has implemented an information memo that includes notification of Mental Health informed consent.

Compliance was confirmed through review of Mental Health referral documents, interviews with mental health and medical staff and facility staff.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse
Statement of Fact

Where medically appropriate the facility will ensure victims are offered timely medical care in accordance with professionally accepted standards of care. If medical and mental health staff are on duty, the offender would be immediately escorted to medical for emergency care. The Offender would be transported to Bryan West Medical Center for further treatment and forensic examination by a SAFE or SANE staff. Payment for Health Services provides all treatment services will be 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.

Bryan West Medical Center indicated that part of the emergency care and as part of the forensic examination, inmate 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. Verification was confirmed by review of Policy, interviews with medical and mental health staff, and telephone conversations with the representative from the Victim advocate director and Bryan West Medical Center.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse
 CCC-L Policy 203.11.001 Sexual Assault/Abuse
 Incident Review
 Investigation

NDCS Policy 203.11 Sexual Assault/Abuse requires the following:

- (a) Within 30 days of the conclusion of the investigation, unless the allegation was determined to be unfounded, a review team, designated by the Chief Administrative Officer, shall review the case and:
- (b) Determine what may have been the motivation for the incident or allegation such as, but not be limited to, race, ethnicity, gender, gender identity, sexual orientation, transgenderism, intersex identification, gang affiliation, etc.
- (c) Determine if there is a need for changes to policy or procedure; or if factors such as physical barriers or staffing may have enabled the abuse.
- (d) Assess whether monitoring technology should be deployed to supplement staff supervision.
- (e) The review team shall prepare and submit to the Chief Administrative Officer and facility PREA Compliance Manager a written report of their findings and any recommendations for improvement.
- (f) Documentation for any recommendation not implemented shall be maintained.

A review of the Incident Review team meeting found there was an incident review team meeting for the sexual harassment. Compliance was determined by review of incident review team meetings, interviews with several incident review team member and facility warden. Compliance with this standard was also determined by After Actions Reports and interviews with PCM, and Facility Warden.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse

NDCS Policy 203.11 Sexual Assault/Abuse provides requirement that the PREA Office collects accurate, uniform data for every allegation of sexual abuse at facilities under the agency's direct control using a standardized instrument and set of definitions. The PREA Office aggregates the incident-based sexual abuse data annually. The incident-based data includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The PREA Office maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Office aggregated data from every other facility with which it contracts for the confinement of inmates. Upon request, the agency provides all such data from the previous calendar year to the Department of Justice no later than June 30. Compliance with this standard was determined by a review of policy/documentation and staff interviews.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

NDCS Policy 203.11 Sexual Assault/Abuse

Nebraska Department of Correctional Services policy address all requirement of data collection and use of data. The PREA Office reviews data collected and aggregated in order to assess and improve the effectiveness of sexual abuse prevention, detection, policies, practices, and training. The review of data encompasses identifying problem areas and taking

corrective action on an ongoing basis. The agency has an annual report, including corrective actions for the facilities. In 2020 there were a total of 4 allegations of sexual abuse or sexual harassment. A after action report was completed on the sexual harassment substantiated report. The other report were unsubstantiated or unfounded.

The agency's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The agency's annual report is approved by the agency head and made readily available to the public through the agency's website. The agency identifies 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. The PREA coordinator provided a copy of PREA Audit Report for 2020. Compliance with this standard was also determined by a review of policy/documentation and staff interviews.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NDCS Policy 203.11 Sexual Assault/Abuse
Record Retention

The approved annual report is retained by the DOC central office communications unit. The PREA Office is responsible for collecting this data. The agency makes 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. The agency removes all personal identifiers before making aggregated sexual abuse data publicly available. The agency maintains sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise.

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This is the third audit for this facility. The last PREA audit was conducted July 7, 2019. The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The auditor was able to conduct private interviews with both inmates and staff. The auditor was provided supporting documentation before and during the audit. Random files for training, hiring, inmates, logbooks, were selected and provided to the audit during the first day of the onsite review. A list of all target residents and a list of all random residents by living units were also provided. There were no correspondences from resident or staff during this audit period received by the prior auditor or this auditor.

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 appeals 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

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The center has published prior PREA audits on the Agency website. The facility also publishes the annual review of investigations and corrective action plan when appropriate. The agency removes all personal identifiers before making aggregated sexual abuse data publicly available. (<https://www.corrections.nebraska.gov>)

The agency maintains sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise.

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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert L. Manville
Auditor Signature

April 5, 2021
Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d774fd6a216-6f4bf7c7c110>.

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