PREA AUDIT REPORT ☐ Interim ☒ Final

ADULT PRISONS & JAILS

Date of report: 8/24/2017

Auditor Information			
Auditor name: Garret Peter Zeegers, Sr.			
Address: 6302 Benjamin Road Suite 400, Tampa, Florida 33634			
Email: pete.zeegers@truecorebehavioral.com			
Telephone number: 863-441-2495			
Date of facility visit: July 12th and 13th, 2017			
Facility Information			
Facility name: Diagnostic and Evaluation Center			
Facility physical address: 3220 West Van Dorn, Lincoln, Nebraska 68522			
Facility mailing address: *(if different from above)* PO Box 22800 Lincoln, Nebraska 68542			
Facility telephone number: 402-471-3330			
The facility is:	☐ Federal	☒ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	☒ Prison	☐ Jail	
Name of facility's Chief Executive Officer: Warden Fred Britton			
Number of staff assigned to the facility in the last 12 months: 145.5			
Designed facility capacity: 160			
Current population of facility: 453			
Facility security levels/inmate custody levels: maximum			
Age range of the population: 19-80			
Name of PREA Compliance Manager: Richard Randazzo		**Title:** Unit Administrator	
Email address: richard.randazzo@nebraska.gov		**Telephone number:** 402-479-6327	
Agency Information			
Name of agency: Nebraska Department of Correctional Services			
Governing authority or parent agency: *(if applicable)* State of Nebraska			
Physical address: Folsom & West Prospector Place Building #1 Lincoln, Nebraska, 68522			
Mailing address: *(if different from above)* PO Box 94661 Lincoln, Nebraska 68509-4661			
Telephone number: 402-471-2654			
Agency Chief Executive Officer			
Name: Scott Frakes		**Title:** Director	
Email address: scott.frakes@nebraska.gov		**Telephone number:** 402-479-5710	
Agency-Wide PREA Coordinator			
Name: Danielle Reynolds		**Title:** PREA Coordinator	
Email address: danielle.reynolds@nebraska.gov		**Telephone number:** 402-479-5660	

AUDIT FINDINGS

NARRATIVE

The Nebraska Department of Correctional Services Diagnostic and Evaluation Center (DEC) was established by the Nebraska State Legislature in 1976 as part of Legislative Bill 984. Construction was completed in June of 1979 and the new institution was opened in August of 1979 as a 176-bed maximum custody, reception, diagnostic, evaluation, assessment, classification and assignment facility to all male felons sentenced as adults from the District Courts.

Per contractual agreement, the institution also houses county and federal inmates who are awaiting trial and/or sentencing, county inmates who are sent for evaluation prior to final sentencing, interstate transfers, and inmates who are returned from community programs and/or other institutions due to alleged program violations. Additionally, the DEC provides selected psychiatric and medical services for other facilities within the department.

As provided by state statute, all adult males sentenced to the Department of Correctional Services by the County and District Courts of the State of Nebraska are received into the correctional system at the Diagnostic and Evaluation Center. In addition, the institution houses 90-day evaluators sentenced by the court for assessment, county and federal safe keepers, interstate transfers, returned parolees and escapees.

Prior to being transferred to another facility within the Nebraska Department of Corrections, inmates are evaluated, assessed, classified and have medical work-ups completed while at DEC. Transfer locations are based upon inmate's custody classification. The single two-story DEC consists of nine inmate housing units and a skilled nursing facility which includes nine licensed beds and a fully staffed initial admission clinic. Administrative offices and the nursing facility are located on the upper level of the institution. The lower level includes all other inmate housing, programming areas, case management, custody offices, and a gymnasium.

The mission statement by Nebraska Department of Correctional Services is to keep people safe, keep prisons safe, transform lives, keep communities safe, and work with the values of integrity, respect, compassion, growth, and excellence. The Diagnostic and Evaluation Center's mission statement is "As Nebraska's intake facility for adult male inmates, the mission of the DEC is to comprehensively evaluate all inmates sentenced to the Nebraska Department of Correctional Services; classify and assign them to designated facilities and programs within Nebraska's broader state correctional system; and provide professional, secure and humane supervision and care.

Due to the short length of stay at the institution, there are no industry programs and limited education programs. Each newly admitted inmate, following review of the admission order to ensure legal commitment, begins participation in an intense medical, psychological, and social assessment process. This process culminates in the finalization of an individual classification study and specific programming recommendations to the Classification Officer relative to custody status and institutional placement. Varied program services are offered and encouraged through recreation and library programs. The maintenance of family and community ties is encouraged through the visitation, mail, and telephone programs. Religious programming is also available to the inmate population. Several other opportunities including Alcoholics Anonymous and a pre-release program are available for inmate population.

The Diagnostic and Evaluation Center has been accredited by the American Corrections Association since 1981.

DESCRIPTION OF FACILITY CHARACTERISTICS

The physical plant of the DEC consists of a single two-story building. The upper level consists of administrative offices including the records department, the main control center, a visiting room, admissions area, a

medical/dental/clinic area and a skilled nursing facility which includes nine licensed beds.

The lower level consists of nine inmate housing units, a library, staff offices, conference rooms, and a gymnasium. There are outdoor exercise yards adjacent to the housing units and the gymnasium. One of the housing units (#1), has 32 cells that can accommodate up to 124 beds. The other 8 housing units have 16 cells that are double bunked. The Lincoln Correctional Center provides food services, laundry, inmate canteen, mailroom, maintenance, and perimeter security to DEC. The perimeter of the facility, which is shared with LCC, consists of a double chain linked fence, enhance razor ribbon, and an electronic detection system. Three towers also help secure the perimeter. Towers are staffed by LCC custody officers. The Training Specialist, Safety and Sanitation Specialist, and Emergency Preparedness Specialist offices are all located at LCC but serve both facilities.

The Diagnostic and Evaluation Center offers programs and services to include food services, medical care, dental care, recreation, multi-denominational religious programs and services, visitation, social and mental health services, library services, laundry services, commissary, mail and telephone services.

The mission of the Nebraska Department of Correctional Services is to serve and protect the public by providing control, humane care, and program opportunities to those placed in custody and supervision, thereby facilitating their return to society as responsible persons.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted six weeks prior to the date of the on-site audit. The posting of the notices was verified during the tour and verified by photographs received on the USB flash drive from the Diagnostic and Evaluation Center's Unit Administrator/PREA Compliance Manager. The photographs indicated notices were posted in various locations throughout the facility including the lobby/reception area, intake area, training room, and all housing units. This auditor did not receive any inmate letters as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by this auditor ahead of the on-site audit. The documentation was uploaded to a USB flash drive that was organized and easy to navigate. A number of supporting documents was provided during the on-site visit. Specific corrective actions during the on-site visit were taken to address some deficiencies and are summarized in this report under the related standards.

The on-site audit was conducted on July 12th and 13th, 2017. An entrance briefing was conducted with the Deputy Warden/Warden's designee, Unit Manager/PREA Compliance Manager, Case Manager, Director of Nursing, Administrative Lieutenant, Clinical Psychology Supervisor, and the NDCS PREA Coordinator. During the briefing, the audit process was explained, and a tentative schedule for two (2) days to include conducting interviews with the staff and inmates and reviewing the documentation. A complete guided tour of the entire facility was conducted including the lobby/reception area, administrative area, visitation area, inmate intake/release area, sally port area, program/support offices, classroom/vocational area, law library, medical area, kitchen and storage area, dining area, recreation areas, commissary area, barber shop, storage areas, laundry area, and housing units/dormitories. During the tour, inmates were observed to be under constant supervision of the staff while involved in various activities. The buildings at the facility were clean and well maintained and it was obvious staff took pride in their working areas. Notification of the PREA audit was posted in all locations throughout the facility as well as postings informing inmates of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There were no cameras installed in the inmates' rooms or shower/toileting area so inmates are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they

supervise the shower area. During the tour, it was observed that the shower/toilet areas in the male unit/dorm areas did allow for privacy.

During the two (2) day on-site visit, there were a total of four hundred and fifty three (453) inmates in the facility. There are nine (9) living unit/dorms with the infirmary and ten (10) inmates were randomly selected for the interview process. Inmates were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, Ombudsman, administrative staff, the hot line, and the grievance process. The community victims' advocacy service and telephone number is available to the inmates located on "PREA Bulletin Boards" throughout the facility. There is evidence of NDCS PREA Coordinator obtaining a Memorandum of Understanding with the Nebraska Coalition to End Sexual & Domestic Violence to provide confidential emotional support to inmates who are victims of sexual abuse and forensic exams. Twenty-six (26) staff were interviewed including those randomly selected from all three (3) shifts, medical and mental health staff, administrative and supervisory staff, case management staff, volunteer, Warden's designee, Unit Manager/PREA Compliance Manager were interviewed on both days of the on-site audit. The NDCS PREA Coordinator was interviewed at a different time by PREA Certified Auditor Dorothy Xanos. Additionally, interviews were conducted via telephone with the NDCS Director's representative (Deputy Director of Operations) prior to the on-site visit by Certified PREA Auditor Dorothy Xanos. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the Warden's Designee, Assistant Warden, Unit Administrator/PREA Compliance Manager and NDCS PREA Coordinator. At the exit debriefing, it was discussed additional documentation was required for one (1) standard and it was determined this information would be sent to this auditor within the next three (5) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the Unit Administrator/PREA Compliance Manager prior to the submission of this report. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 and Policy #200.02 (NDCS Agency: Administration, Organization and Management) outlines how each facility implements its approach to preventing, detecting and responding to all approaches of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and inmates who had violated those prohibitions. Additionally, the policy provided comprehensive guidelines and a training foundation for implementing each facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of inmates. The Diagnostic and Evaluation Center's (DEC) Operational Memorandum (Sexual Assault/Abuse) revised 3/31/17 reflects the facility's specification of how they will respond to sexual allegations and the notification procedures followed for reports of sexual allegations.

Nebraska Department of Correctional Services has a designated PREA Coordinator and she reports directly to the NDCS Security Administrator. The PREA Coordinator works statewide to implement the PREA Standards and indicated she has sufficient time and authority to develop, implement and oversee the agency's efforts toward PREA compliance of ten (10) facilities with the support of the Department. At the time of the on-site audit, she had only been in the position for a short time. It was amazing that she did so well in such a short amount of time. The Unit Administrator is designated as their PREA Compliance Manager who also indicated that he has sufficient time to oversee the facility's PREA compliance efforts and perform other duties as assigned. It was evident during the randomly selected and specialized staff interviews, staff had been trained and were knowledgeable of NDCS Agency's Sexual Assault/Abuse Policy including all aspects of sexual abuse, sexual harassment and sexual misconduct in accordance with the requirements. The Assistant Warden at DEC is also a certified PREA Audit. He has performed audits in the past and is of great help to the PREA Compliance Manager.

Standard 115.12 Contracting with other entities for the confinement of inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 describes the contractors obligations to comply with all federal, state, and local laws, regulations

and ordinances including the Prison Rape Elimination Act. NDCS has entered into/renewed seven (7) County Jail agreements for the confinement of inmates (felons and misdemeanors) in the past twelve (12) months. An interview with the NDCS PREA Coordinator confirmed these County Jails are monitored by NDCS to ensure compliance with the PREA standards.

Standard 115.13 Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16; Policy #112.29 (Essential Staffing Continuum); The Diagnostic and Evaluation Center's Operational Memorandum (Sexual Assault/Abuse) revised 3/31/17 and NDCS The Diagnostic and Evaluation Center's (Prison Staffing Analysis) dated 2/21, 2017 contained the required information identifying the facility to develop a staffing plan to provide for departmental adequate staffing levels to ensure the safety and custody of inmates, physical plant, video monitoring, and federal standards. Additionally, the policies contained information identifying the facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds on a daily basis during all shifts documenting the information in unit log books and the daily shift supervisor sheets that contains observations of all areas of the facility. NDCS's staff review, approve, and sign annual staffing plans for all facilities statewide. The Diagnostic and Evaluation Center's staffing plan was reviewed, approved, and signed on 2/21/17. The facility did not have any deviations from the staffing plan, their critical positions are always filled, and it is a mandate. The Diagnostic and Evaluation Center is a secure facility and utilizes constant video and staff monitoring to protect the inmates from sexual abuse and harassment. The Wardens designee's interview, documentation and staff interviews confirmed the process takes place in the facility. The Warden's designee had reviewed and approved of the process for all supervisory staff (Captains and Lieutenants) to conduct unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment on a daily basis and document the information in the staff tour log, daily shift supervisor sheet, O.D. reports and log books. Also, the Warden, Assistant Warden, Captain/PREA Compliance Manager, Program Manager and Officer of the Day (O.D.) conduct and document unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment on a weekly basis.

Standard 115.14 Youthful inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 contained the elements of the standard, however, the Diagnostic and Evaluation Center does not house youthful inmates. Therefore, this standard is not applicable to this standard.

Standard 115.15 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16; Policy #201.13 (Identification of Potential Aggressors and Victims) The Diagnostic and Evaluation Center's Operational Memorandum (Sexual Assault/Abuse) revised 3/31/17 revealed policy and procedures prohibit any cross-gender strip search or visual body cavity searches or cross-gender pat-down searches to same gender staff absent exigent circumstances, shower procedures, female staff announcing when entering housing area, and prohibiting the search of a transgender or intersex inmate solely for the purpose of determining the inmate's genital status. Also, the policy indicated any cross-gender searches are required to be documented. Staff and inmates interviews indicated that female staff entering the housing area most of the time announce themselves. A review of the training documentation and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex inmates are conducted in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of inmates. All staff interviews were able to describe what an exigent circumstance would be and were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches.

Staff and inmate interviews confirmed inmates are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. There have been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of inmates in the past twelve (12) months. Also, there have been no exigent circumstances of cross-gender pat down, strip or visual body cavity searches conducted of inmates in the past twelve (12) months.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 contained procedures to be taken to ensure inmates with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Also, the policy states the facility will not rely on inmate interpreters, inmate readers or any kind of inmate assistants except when a delay in obtaining interpreters services could jeopardize an inmates' safety. The Diagnostic and Evaluation Center's intake and case management staff have access to interpreter services through the Department and have a Spanish speaking staff member to provide inmates who are limited English proficient on an as needed basis. An interpreter was used during an inmate's interview. There are postings throughout the facility in English and Spanish. Staff training documentation, pamphlet, handbook and the inmate orientation contained information on providing appropriate explanations regarding PREA to inmates based upon their individual needs.

Staff interviews confirmed there is an outside agency or a staff member to provide services and they do not allow for the use of inmate assistance in relation to reporting allegations of sexual abuse or sexual harassment. In the past twelve (12) months, the facility did not have any instances of inmate interpreters or readers being used for reporting allegations of sexual abuse or sexual harassment.

Standard 115.17 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16; Policy #112.03 (Employee Selection Policy); Policy #010.06 (Teletype Operations); Policy #110.01 (Engineering Project Procedures); Policy #112.31 (Code of Ethics and Conduct) and Nebraska Classified System Personnel Rules and Regulations contained all the elements required by this standard and all background checks are conducted initially on new employees, current and promotion decisions of employees and contractors. NDCS has extensive initial background screening requirements that include the screening for criminal record checks (NCIC, NCJIS & CLEIN), possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, checking intelligence files, inmate telephone and visiting records, driving records check, child abuse registry checks, and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. The agency conducts 5-year background checks for all employees and contractors.

There is an affirmative duty to disclose any arrests or previous misconduct. Material omissions by an employee is subject to termination. A sample review of staff's, volunteer's, and contractor's HR files had documentation on

staff completing varied forms containing the questions regarding past misconduct (NDCS Personnel Information for Security Check, NDCS Non-Scored Interview Questions, and Professional Reference Check) that are completed during the hiring process. The HR staff complete the criminal background information (Security Check Sheet) and receives an email on whether an individual is approved or disqualified. Once an individual is approved for hire, the new employee begins the training/orientation process and is provided with an NDCS Employee Handbook. The Human Recourse's interview confirmed the staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. The agency provides information to requests from institutional employers where an employee has applied to work.

Standard 115.18 Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 indicated when designing or acquiring any new facility, planning any substantial expansion or modification of existing facilities, NDCS will consider the effect of the design, acquisition, expansion or modification upon the ability to protect inmates from sexual abuse. Also, when installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, facilities will consider how such technology may enhance the ability to protect inmates from sexual abuse. The Diagnostic and Evaluation Center installed new cameras in several locations of the facility within the past twelve (12) months. During the tour, the video surveillance system in the control room area was observed. This will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor inmates more efficiently throughout the physical plant of the facility.

During the fiscal year 2016-2017, the Diagnostic and Evaluation Center added 12 cameras to the facility. Specifically, these cameras were added to the following areas: (2) cameras to the front lobby, (2) cameras for the inside front door, (5) cameras to the Skilled Nursing Facility, (2) cameras in the library, and (1) camera in the IDC Hearing Room/Tele Psych Room.

Standard 115.21 Evidence protocol and forensic medical examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16; Policy #215.01 (Correctional Investigator's Duties and Reporting of Criminal Activities) and the Diagnostic and Evaluation Center's Operational Memorandum (Sexual Assault/Abuse) revised 3/31/17 contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, it requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to investigative agencies.

Documentation and an interview with the Warden's Designee confirmed Nebraska State Patrol (NSP) conducts the criminal investigations of allegations of sexual abuse and sexual harassment. There is evidence of NDCS PREA Coordinator obtaining a Memorandum of Understanding with the Nebraska Coalition to End Sexual & Domestic Violence to provide confidential emotional support to inmates who are victims of sexual abuse and forensic exams. 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. Bryan-Lincoln General Memorial Hospital West (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. The Diagnostic and Evaluation Center's Warden Designee has identified mental health staff that can provide confidential emotional support to inmates who are victims of sexual abuse. These individuals have been screened for appropriateness to serve as a victim advocate and received additional specialized training.

Standard 115.22 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse and sexual harassment for investigation to the Nebraska State Patrol (NSP) for the determination of criminal charges. NSP provides services on a 24 hour basis that will include the responsibility of investigating allegations of sexual abuse by qualified staff who have received training concerning sexual abuse and forensic examination issues. Staff refer 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 back to the facility, the NDCS PREA Coordinator will contact the facility's PREA Compliance Manager and assign the investigation a case number in the Investigator's Case Management Data Base for completion of an administrative investigation. The PREA policy can be found on the Nebraska state's website and information can be found in their PREA pamphlet "What You Need to Know About Sexual Assault" that is available in English and Spanish. DEC has received four (4) allegations of sexual abuse and sexual harassment in the last 12 months. All of

these investigations were reviewed by this auditor while on site. Zero resulted in criminal investigations. All staff interviews reflected and confirmed their knowledge on the reporting, referral process and policy's requirements.

Standard 115.31 Employee training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 requires an in-depth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All the PREA training provided to employees statewide contains all ten (10) topics consistent with this standard's requirements and is tailored to all facilities with the gender of their inmate populations. The staff training documentation including a PowerPoint presentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All new employees receive the NDCS Employee Handbook on prevention strategies to maintain a professional atmosphere and sign the "PREA Staff Acknowledgement Form" indicating they received the training and understand their responsibilities for all the different training modules and tested upon completion of the initial PREA training.

A review of all staff and training education forms as well as staff interviews confirmed that staff are receiving their required PREA training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment. At the facility, it was evident that staff are trained continually about the PREA standards during shift briefings and the completion of various on-line trainings. Additionally, all staff are required to complete an annual in-service PREA training. Employee training records are maintained electronically and certain training documents are maintained in their personnel file. New employees are provided handouts (Characteristics of Victims/Abusers & Common Reactions of Sexual Abuse/Assault) and a "Staff PREA Response Card" identifying specific PREA information i.e. first responder protocol. It is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the inmates in their care throughout the State of Nebraska by providing extensive training to all employees who work at their facilities.

Standard 115.32 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 requires volunteers and contractors who have contact with inmates to receive in-depth PREA training. All volunteers and contractors receive the NDCS Volunteer Orientation, PREA and Employee Boundaries: Sexual Abuse Awareness training, and sign the "Inmate Sexual Assault/Abuse Agreement for Volunteers and Contractors" form upon completion of the PREA training they received. The training consists of a power point presentation that includes: policies, PREA definitions, reporting requirements and other required procedures. A review of the documentation confirmed they are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. Interviews with a volunteer confirmed his knowledge of the required PREA training and NDCS's zero tolerance of any form of sexual activity at the facility as well as their duty to report sexual abuse or sexual harassment.

Standard 115.33 Inmate education

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 requires inmates to receive appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within thirty (30) days upon arrival. However, the assigned correctional staff provides and reviews with the inmates verbally this information (NDCS PREA pamphlet entitled "Sexual Assault Awareness "and DEC Handbook & Offender House Rules) immediately upon arrival during their initial intake to the facility. Additionally within 24 hours, the Unit Case Manager has the inmates observe the power point/video presentation on sexual abuse and provides an orientation to the facility.

Each inmate signs a form to verify the observation of the video and attending the orientation. All inmates are provided a DEC "Sexual Assault Sexual Abuse Sexual Awareness Information" pamphlet which includes information on prevention/intervention, self-protection, reporting and treatment/counseling and is available in Spanish. This pamphlet advises inmates that "reporting is the first step". Inmates are given the phone number to call the hotline and the contact information to the Ombudsman Office. Documentation of inmate's signatures were reviewed and confirmed during the on-site audit. Most inmates interviewed stated they received this information the same day they arrived at the facility, identified the receipt of the pamphlet and observed the video within several days after arriving to the facility. PREA postings were observed throughout the facility tour and inmates identified the postings as another source of information for them. Also, all telephones in the housing areas have a phone sticker with the PREA Hotline number and the Sexual Assault Advocate number.

Standard 115.34 Specialized training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 requires the NDCS PREA Office to ensure all investigators are properly 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 undergo an extensive training developed by NDCS PREA Office prior to conducting criminal and administrative investigations which includes the NDCS PREA Specialized Investigative Training: PREA. At the facility level, the assigned investigator will conduct an initial inquiry into the alleged allegation of sexual abuse or sexual harassment, subsequently conduct an administrative investigation and when necessary refer the information to the Nebraska State Patrol (NSP) for further investigation for the determination of criminal charges. Investigative staff at the facility have completed the NDCS PREA Specialized Investigative Training: PREA and other required investigative training. An interview with one (1) of the investigators and the documentation confirmed the compliance with the PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement.

Standard 115.35 Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 requires PREA training and specialized training for medical and mental health staff. It was evident through the medical staff interviews they had received the basic PREA training provided to all staff and the specialized training offered by NIC Medical Health Care for Sexual Assault Victims in a Confinement Setting and NIC Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. The initial review of training documentation contained some of the training completed by all of the medical and mental health staff. Also, all medical and mental health staff participate in annual PREA training. The medical staff at the facility do not conduct forensic examinations. Interviews with medical staff confirmed their understanding of the requirement to complete the specialized training and verified completing the course.

Standard 115.41 Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 and Policy #201.13 (Identification of Potential Aggressors and Victims) requires prior to placement as part of the screening process each inmate is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness called NDCS "Potential for Sexual Assault/Sexual Victimization Screening Instrument "and within seventy-two (72) hours a mental health practitioner will conduct an initial Mental Health Assessment. Most inmates are screened within seventy-two (72) hours upon arrival at the facility to determine placement and their special needs. Those inmates who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. This intake screening is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Inmates are reassessed at a minimum of every thirty (30) days and throughout their stay at the facility. The facility's policies limits staff access to this information on a "need to know basis". Most inmate interviews and the documentation revealed that risk screenings are being conducted within seventy-two (72) hours of their admission to the facility. Staff interviews confirmed a screening is completed on each inmate upon admission to the program within seventy-two (72) hours. Inmates reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health staff. Although there have been no transgender or intersex inmates admitted to the facility within the past twelve (12) months, staff were aware of giving consideration for the inmate's own views of their safety in placement and programming assignment.

Standard 115.42 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 and Policy #201.13 (Identification of Potential Aggressors and Victims) precludes gay, bi-sexual, transgender and intersex inmates being placed in a particular housing unit, beds or other assignments based solely

on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine an inmate's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all inmates safe and free from sexual abuse. The assigned correctional staff utilizes the NDCS "Potential for Sexual Assault/Sexual Victimization Screening Instrument" and any other pertinent information during the inmate's admission process. Staff interviews described how information is derived from the form as indicated above and the initial health assessment and mental health/substance abuse screening forms to determine placement and risk level. In each of the dormitories there is a day room, correctional tables/chairs, open bay area with bunk beds and shower/bathroom area. All dormitories had bulletin boards with some PREA information and other facility information. Isolation is not utilized at the facility as a means of protective custody.

Standard 115.43 Protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 prohibits the use of involuntary restrictive housing unless there is no other option for keeping an inmate who is vulnerable to victimization separate from aggressive inmates. Also, the policy requires a review every thirty (30) days for continued restriction/placement. The inmates participation in programs, privileges, education and work opportunities may be restricted due to facility security issues, however all efforts will be made to provide certain programing within the restricted housing. Any placement of an inmate in involuntary restrictive housing and any type of restrictions are documented.

Standard 115.51 Inmate reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 provides multiple internal ways for inmates to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates are informed verbally

and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include: Telephoning the hotline number, a written complaint to the Ombudsman Office, advising an administrator, a staff member, placing a written complaint in the grievance box, and external complaint to a third party (i.e. family member). While touring the entire facility, it was observed in the living areas postings of the PREA information (posters) and other facility information. Reporting procedures are provided to inmates through NDCS PREA pamphlet entitled "Sexual Assault Awareness," DEC Handbook & Offender House Rules and power point/video presentation. Most staff and inmate interviews along with the orientation and supporting documentation verified compliance with this standard. This auditor made phone calls to the PREA hotline number, the Nebraska Coalition to End Sexual and Domestic Violence, and the Ombudsman's office.

During interviews with staff and inmates it was clear that they did not know much about the Victim Advocate group. During the exit meeting it was suggested that the facility conduct additional training with both the staff and the inmates on the victim advocate group. On 8/18/2017 this auditor received final information that all staff and inmates had been trained on the Victim Advocate group. The facility is now in full compliance.

Standard 115.52 Exhaustion of administrative remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 and Policy #217.02 (Inmate Grievance Procedures) describes the orientation inmates receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with inmate's grievances regarding sexual abuse or harassment. Inmates may place a written complaint in the grievance box located in various locations throughout the facility. The facility has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded process and allow for other individuals to assist an inmate in filing a grievance or to file grievances themselves on behalf of the inmate. Inmates are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. Grievances are to be resolved with a written response within a required timeframe. Also, the facility has an emergency grievance procedure requiring an initial response within 48 hours and a final decision within five (5) calendar days. A review of the DEC Handbook & Offender House Rules, staff and inmate interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility. DEC had no grievances in the past twelve (12) months related to sexual abuse or sexual harassment complaints.

Standard 115.53 Inmate access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 and DEC's Operational Memorandum (Sexual Assault/Abuse) revised 3/31/17 ensures that inmates are provided access to outside confidential support services and legal counsel. There is evidence of NDCS PREA Coordinator obtaining a Memorandum of Understanding with the Nebraska Coalition to End Sexual & Domestic Violence to provide confidential emotional support to inmates who are victims of sexual abuse and forensic exams. 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. There have been no calls from inmates to outside services in the past twelve (12) months. Outside services information is provided to the inmates during the orientation process.

During interviews with staff and inmates it was clear that they did not know much about the Victim Advocate group. During the exit meeting it was suggested that the facility conduct additional training with both the staff and the inmates on the victim advocate group.

Standard 115.54 Third-party reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 identifies the Department's third party reporting process and instruct staff to accept third party reports. NDCS website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of an inmate. There are two (2) separate reporting options for the receipt of third-party reports of sexual abuse or sexual harassment. They may contact the State-wide PREA Coordinator or the Ombudsman Office. This information is reported directly to the State-wide PREA Coordinator who will inform the Warden. Most inmate interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility including access to their attorney. All staff interviews were able to describe how reports may be made by third parties.

Standard 115.61 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 identified the reporting process for all facility staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against inmates or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All facility staff are mandated reporters and most random staff interviews confirmed the program's compliance with this standard. Additionally, the facility staff receive information on clear steps on how to report sexual abuse and to maintain confidentiality through the facility's protocol and/or training. The staff would complete an incident report with the details of any incidents that would occur in the facility in compliance with this standard. Interviews with medical staff confirmed their responsibility to inform inmates their duty to report and limitations of confidentiality.

Standard 115.62 Agency protection duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 requires that immediate action to be taken upon learning that an inmate is subject to a substantial risk of imminent sexual abuse. There were no inmates determined to be subject to substantial risk of imminent sexual abuse in the past twelve (12) months. Documentation and interviews with the Warden's designee and other random selected staff were able to articulate, without hesitation, the expectations and requirements of NDCS Policies and PREA Standards, upon becoming aware that an inmate may be subject to a substantial risk of imminent sexual abuse.
Staff interviews indicated if an inmate was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the inmate, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the inmate would be referred for mental health services.

Standard 115.63 Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 requires the Warden, upon receiving an allegation that an inmate was sexually abused while confined at another facility, to notify the Warden within 72 hours where the alleged abuse occurred and to report it in accordance with NDCS policy and procedures. Also according to policy and procedure the Warden is to immediately report the incident for investigation and complete an incident report. The Warden had received no allegations that an inmate was abused while confined at another facility during the past twelve (12) months.

Standard 115.64 Staff first responder duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 and training documentation requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that an inmate was sexually abused. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with NDCS policies and procedures. It was evident that staff have been trained in their responsibilities as first responders. The staff had a "Staff PREA Response Card" containing the policy on the first responder's specific steps to respond to a report of sexual abuse.

Standard 115.65 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 and the DEC's Operational Memorandum (Sexual Assault/Abuse) revised 3/31/17 provides a written coordinated response system to coordinate actions taken in response to an incident of sexual abuse among staff first responders, administration, executive staff and contacting medical and mental health outside sources. DEC's Operational Memorandum (Sexual Assault/Abuse) revised 3/31/17 reflects the facility's specification of how they will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. DEC's staff have 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, and a number of other individuals. Interviews with the Warden's designee and other staff validated their technical knowledgeable of their duties in response to a sexual abuse.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 and the documentation of the labor contract between the state of Nebraska and The Health & f-Human Care Non-Professional Bargaining Unit; The Examining, Inspection and Licensing Bargaining Unit; The Health & Human Care Professional Bargaining Unit; The Engineering, Science & Resources Bargaining Unit; The Maintenance, Trades & Technical Bargaining Unit; The Social Services & Counseling Bargaining Unit; The Administrative Professional Bargaining Unit and The Protective Service Bargaining Unit represented by The Nebraska Association of Public Employees Local 61 of the American Federation of State, County and Municipal Employees (NAPE/AFSCME) is in accordance with the PREA standards and can be found on the NDCS website.

Standard 115.67 Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 requires the protection and monitoring of inmates and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. NDCS policy prohibits retaliation against any staff or inmate for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. This monitoring would include inmate disciplinary reports, housing and program changes, and negative performance reports as well as reassignments of staff. The Unit Manager/PREA Compliance Manager is responsible with overseeing the monitoring of the conduct or treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. He has assigned the Captain and Lieutenants the responsibility to serve as an advocate to link services (community based advocates or mental health professionals) and support to inmates who report sexual abuse and sexual harassment by another inmate, staff member, contractor or volunteer. If a retaliation should occur, the assigned staff would complete a form whether it is a staff or inmate retaliation monitoring. There had been no incidents in the past twelve (12) months that was monitored for possible retaliation.

Standard 115.68 Post-allegation protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 contained information on post-allegation protective custody or guidelines for moving an inmate to another housing area (Administrative Restrictive Housing) or another facility as a last measure to keep inmates who alleged sexual abuse safe and only until an alternative means for keeping the inmate safe can be arranged. DEC does not have restrictive housing, the inmate would be transferred to another facility. No inmates who have alleged sexual abuse in the past twelve (12) months were secluded or isolated from the other inmates.

Standard 115.71 Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 and Policy #215.01 (Correctional Investigator's Duties and Reporting of Criminal Activities) requires all staff to refer all alleged incidents of sexual abuse and sexual harassment for investigation to the Nebraska State Patrol (NSP) for the determination of criminal charges. Staff refer 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 back 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. There has been four (4) reported investigations of alleged staff's or inmates sexual abuse or sexual harassment that occurred in this facility in the past twelve (12) months. There has been no substantiated allegation of conduct with staff that was criminal and referred for prosecution in the past twelve (12) months. All of the investigations were reviewed by this auditor.

All of the facility investigators have received the specialized training as required by the standards. It was evident the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the department. Evidence is collected and prior reports involving the same perpetrator or victim are required to be reviewed.

Standard 115.72 Evidentiary standard for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. The NDCS Criminal Investigator and/or the facility's PREA Investigator investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded. An interview with one (1) of the investigators indicated that they conduct fact finding investigations and do not make conclusions following their investigations (which are administrative in nature) therefore the Warden in consultation with legal and his supervisory staff and Human Resources would make a determination regarding disciplinary actions to be imposed and the standard they would use is the preponderance of evidence.

Standard 115.73 Reporting to inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/1/16 requires that any inmate who makes an allegation that he or she suffered sexual abuse is informed in writing contains the process for notifying inmates whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. This policy further requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility informs the inmate unless the allegations are "unfounded" whenever the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; NDCS learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving inmate-on-inmate allegations of sexual abuse, the facility will inform the inmate whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. The staff utilize an "Inmate PREA Notification" form to advise the inmate of the investigation outcome. There have been four (4) reported investigations of alleged staff's or inmates sexual abuse that occurred in this facility in the past twelve (12) months that was completed by the agency/facility. The Warden designee validated her technical knowledge of the reporting process during her interview.

Standard 115.76 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to the NDCS PREA Office and law enforcement if criminal in nature. All disciplinary sanctions are maintained in the employees HR file in accordance with NDCS policy and procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally, staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There has been no examples of this happening at DEC in the last 12 months. The Warden's designee interview validated his technical knowledge of the reporting process was consistent with NDCS policies and procedures.

Standard 115.77 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of inmates will be reported to PREA Office and local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Also, the policies requires the facility staff to take remedial measures and prohibit future contact with inmates in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. All volunteers and contractors must sign the "Inmate Sexual Assault/Abuse Agreement for Volunteers and Contractors" form upon completion of the PREA training they received. This was verified with the documentation review and during an interview with the Warden designee. There have been no volunteers or contractors reported in the past twelve (12) months for engaging in sexual abuse or harassment of an inmate.

Standard 115.78 Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions. DEC's staff provides each inmate with a NDCS PREA pamphlet entitled "Sexual Assault Awareness "and DEC Handbook & Offender House Rules that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Inmates will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. The Warden's designee indicated that inmates may also be referred for prosecution if the allegations were criminal.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 and Policy #115.23 (Mental Health Services) require medical and mental health evaluations and as appropriate, treatment is offered to all inmates victimized by sexual abuse and ensure confidentiality of information. Inmates who report prior sexual victimization or who disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or a mental health practitioner within fourteen (14) days of admission/screening. Medical staff complete various admission screening forms (i.e. Intra-System Medical Screening, Intake Medical Screening, Patient Questionnaire and Health Screening) and mental health staff complete various forms (i.e. Behavior Suicide Assessment form, Potential for Sexual Assault/Sexual Victimization Screening Instrument and PREA Screening form) during the initial intake process including informed consent disclosures. There were no inmates who disclosed prior victimization during their initial screening process during the last twelve (12) months. During the interviews with the medical staff confirmed that although there were no disclosures, all inmates were offered follow-up meetings with medical and mental health providers.

Standard 115.82 Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 and Medical Protocol #MP 31(Inmate Victims of Sexual Abuse) approved 6/29/16 requires inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff have a protocol in place to assist in expediting an inmate to the emergency room with specific documentation (Transportation Order and Emergency Referral) for the staff. Additionally, documentation provided confirmed treatment services are provided to every victim without financial cost. Lincoln General Memorial Hospital West (SANE certified) and provides the emergency services and forensic examinations and Nebraska Coalition to End Sexual & Domestic Violence as the victim advocate services for this facility. 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. Interviews with the medical staff confirmed that inmates have immediate access to emergency medical and mental health services.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 and Policy #201.13 (Identification of Potential Aggressors and Victims) requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to the Nebraska Coalition to End Sexual & Domestic Violence as the victim advocate services for this facility where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused and medical staff track the follow-up medical visits. Mental Health staff complete an evaluation (Mental Health Appraisal) and follow-up for mental health visits. The medical and mental health staff have a protocol in place to assist inmates upon discharge from the facility to continue services if needed.

Standard 115.86 Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 requires a formal Incident Review conducted on every sexual abuse allegation at the conclusion of all sexual abuse investigations, except those determined to be unfounded within thirty (30) days. DEC's Sexual Abuse Review Team consists of the Warden, Unit Manager/PREA Compliance Manager, Case Manager, Lieutenant, Investigative Staff, Program Manager, and Nurse Manager. The facility has reported twenty-one (21) investigation of criminal and/or administrative investigation of alleged sexual abuse that occurred in this facility in the past twelve (12) months. Examples of these forms were reviewed. It was evident from the interviews, staff have been trained, knowledgeable of the process and would document their review on the "Sexual Abuse Incident Review" form that captures all aspects of an incident.

Standard 115.87 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 requires the collection of accurate, uniform data for every allegation of sexual abuse at facilities. The Warden submits a monthly report and the NDCS PREA Coordinator reviews the information relating to PREA. NDCS has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2016 NDCS Annual PREA Assessment revealed it was detailed, comprehensive and identifies all state facilities within the Nebraska Department of Correctional Services.

Standard 115.88 Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2016 NDCS Annual PREA Assessment and 2016 DEC's Annual PREA Assessment indicated compliance with the standard and included all of the required elements. The 2016 NDCS Annual PREA Assessment is posted on the NDCS Website and readily available for public review. The Warden monitors collected data to determine and assess the need for any corrective actions.

Standard 115.89 Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/16 requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Garret Peter Zeegers, Sr. 8/24/2017

Auditor Signature Date