

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]		
Name of facility: Tecumseh State Correctional Institute		
Physical Address: 2725 North Highway 50 Tecumseh, NE 68450		
Date report submitted: January 9, 2017		
Auditor Information		
Address: 670 Bell Hill Road Homer, La. 71040		
E-Mail: Micheledauzat@corrections.state.la.us		
Telephone number: 318-927-0475		
Date of facility visit: July 26-28th, 2016		
Facility Information		
Facility mailing address: (if different from above)		
Telephone number: 402 335-5998		
The facility is:		
<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
<input type="checkbox"/> Private not for profit		
Facility Type: <input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison		
Name of PREA Compliance Manager: Luke Morris	Title: Administrative Captain	
E-Mail Address: Luke.morris@nebraska.gov	Phone Number: 402-335-5998	
Agency Information		
Name of agency: Nebraska Department of Correctional Services		
Governing authority or parent agency: (if applicable) State of Nebraska		
Physical address: Folsom & W. Prospector Place Bldg #1 Linclon, NE 68522		
Mailing address: (if different from above) PO Box 94661 Lincoln, NE 68509-4661		
Telephone Number:		
Agency Chief Executive Officer		
Name: Director Scott Frakes	Title: Director of Corrections	
E-Mail Address: scott.frakes@nebraska.gov	Telephone Number: 402-479-5710	
Agency-Wide PREA Coordinator		
Name: Shannon Fredenburg	Title: PREA Coordinator	
E-Mail Address: Shannon.fredenburg@nebraska.gov	Telephone Number: 402-479-5660	

AUDIT FINDINGS

NARRATIVE:

The PREA Audit was conducted at the Tecumseh State Correctional Institute on July 26-28th, 2016. The PREA audit team consisted of Michele Dausat, PREA Auditor, La. PREA Coordinator, Colonel Joel Odom, Internal Affairs, La DP&C, Lt. Colonel Scott Cottrell, PREA Compliance Manager, and Kristen Thomas, Mental Health and PREA Auditor (awaiting certification) . The audit began with a tour of the facility, video monitoring and spot check for notification of available services and contact information for the auditor. Each housing unit had adequate information regarding PREA and contact information for auditor. Each area was properly supervised by either staff and/or video monitoring. Medical services are readily available to offenders and Mental Health services are available to offenders on a routine basis. In the event of an offender sexual assault, the offender would be sent to Bryan West Hospital for a SAFE and SANE exam. All medical and mental health staff have received specialized medical and mental health training relative to Sexual Assault. The training curriculum for Investigative staff was remarkable, the facility meets all requirements in the training and function of the investigative staff. During staff interviews, it was noted that each staff member received necessary training and was familiar with the facility/agency zero tolerance policy regarding Sexual Assault. Interviews of staff and offenders were conducted on July 26, 27th and 28th. The breakdown of interviews were as follows:

- 1-Incident Review Team
- 1-Safe/Sane Staff
- 1-Medical Staff
- 1-Staff who perform screening for risk of victimization and abusiveness
- 1-Intake Staff
- 2-Investigative Staff
- 1-Volunteer and Contractor
- 1-HR
- 1-PREA Coordinator
- 1-Warden
- 1-Compliance Manager
- 1-High Level Staff
- 1-First Responder
- 1-Supervisor Segregated Housing
- 2-Mental Health Staff
- 1-Agency/Contractor

- 1-Offender who reported sexual abuse
- 2-Transgender offenders
- 2-Disabled/Limited English
- 5-Offenders per request via mail

- 15 Random Staff
- 15 Random Inmates

Additional documentation review was conducted and close out meeting concluded audit on July 28th. The facility staff were courteous and helpful throughout the audit process.

DESCRIPTION OF FACILITY CHARACTERISTICS

The facility is located in Tecumseh, Nebraska and houses adult male offenders. The facility has a capacity of 1093 offenders, of which 640 are general population. There are 256 beds assigned to the Protective

Management/Mission Based Housing unit to include a 64 bed In patient Substance Abuse Unit. The facility also includes a 197 bed Special Management Unit for offenders classified to Confinement, Restrictive Housing and Intensive Management status. The facility currently has 340 cameras located throughout every area of the prison grounds.

The design for this institution is based on a multi-building, campus style and site layout with General Population Housing Units, an In Patient Substance Abuse Unit, a PC unit, a SMU and several support service buildings. The primary methods of facility security are a central door control system, a 12'high double perimeter fence, (which incorporates razor ribbon obstacles, an electronic detection system, CCTV surveillance), a central tower and two armed perimeter mobile patrol units. There are a total of 431 full-time equivalent positions budgeted at TSCI, in addition to 51 positions for support staff. The housing units are as listed below:

Housing Unit 1- PC Mgmt/Mission Based Housing

Housing Unit 2- General Population

Housing Unit 3- General Population

Special Management Unit-Restrictive Housing

Number of standards exceeded: 2

Number of standards met: 42

Number of standards not met: 0

115.11	ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The agency has a clear Administrative Regulation 203.11 regarding zero tolerance of sexual assault. Offender rule book defines sanctions for those found to have participated in prohibited behavior. Org Chart included. The PREA Coordinator, Shannon Fredenburg stated she has sufficient time and authority to develop and oversee compliance. During the interview with the TSCI PREA Compliance Manger, Luke Morris, he expressed some concern with being able to juggle all responsibilities. When discussing further, it was noted he has several different responsibilities other than his designated duties as PREA Compliance Manager. During the interview with the Warden, this issue was discussed and a decision was made by the Warden to provide Capt. Morris with additional assistance with his PREA duties. Capt. Morris does an excellent job at his PREA duties and is also certified as a PREA Auditor. It is apparent that his dedication to each one of his job responsibilities is very important to him and beneficial to the facility.</p>	

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

115.13	SUPERVISION AND MONITORING
<input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>This practice of TSCI was found to exceed the requirements of this standard. The Annual PREA Assessment/Staffing plan is very detailed and is reviewed by the facility staff as well as Central Office Staff. The agency has a written regulation AR 203.11 that specifically states the requirements for each facility to develop an individual staffing plan. TSCI considers several forms of documentation when compiling the staffing plan. These documents included but were not limited to, Staff Roster, Monthly Statistical Reports, Staffing plan, etc. Operational Memorandum requires unannounced rounds by upper level supervisors to identify and deter sexual abuse. Interviews with a number of supervisors indicated that they make rounds in an unpredictable manner and that staff are advised not to alert others of the rounds. Examples from a variety of unit log books, reflect rounds by upper level supervisors on all shifts. In circumstances of non-compliance with the staffing plan, the designee shall document, in writing, and justify all deviations from the plan. TSCI sends a daily email to the Warden regarding</p>	

levels of staffing. The Warden reviews staffing pattern on a daily basis to ensure all areas are adequately covered.

Staff are prohibited from alerting other staff of the conduct of such rounds.

During the pre-audit, the auditor viewed a sample of log-ins that indicated intermediate and upper-level supervisors rounds are conducted consistently on all shifts. During the onsite audit, the auditor viewed log books in various housing units as well as other buildings. Log books indicate intermediate and upper-level unannounced rounds are being conducted regularly on all shifts in the housing units.

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 comments, including corrective actions needed if does not meet standard

This standard does not apply to TSCI; however, agency level policy indicates appropriate provisions are taken in regards to PREA and Youthful Offenders.

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 comments, including corrective actions needed if does not meet standard

TSCI staff does not conduct cross gender strip or body cavity searches. No cross gender strip, body cavity or pat searches had been conducted in the past 12 months. Staff of the opposite gender are required to announce their presence upon entering a housing unit/living area. Transgender inmates are not searched for the sole purpose of determining genital status, and all staff are trained to conduct cross gender pat searches in a respectful manner while still keeping security needs in mind. It was noted during the tour that offenders are able to shower, toilet and change clothing without being viewed by non medical staff. Cross gender announcements were made in housing areas and there is written notification in the housing areas stating opposite gender staff may be present at any time. A recommendation was made to include these announcements as an entry in the unit log book and offer a refresher training course for staff to ensure this practice is consistent. There were a few areas that needed a barrier or window tint to enhance the privacy for offenders. The areas are as follows:

- Property and Intake Area
- Skilled Nursing Area
- Shower Area for Intensive Management Unit

This was discussed on site and a plan was implemented to create necessary barrier for each unit. There was also a recommendation to evaluate several blind spots for video monitoring as the funding becomes available. The areas of concern were:

- Recycle Bin Area
- Education Building (specifically in hall by restroom)
- Kitchen/Dry Storage area
- Clothing Exchange Area
- Maintenance Area

The facility monitors the areas to the best of their ability with the current resources. The concerns were relayed to the Warden and he stated there is already a plan in place to secure additional video monitoring for areas previously mentioned. The facility is extremely pro active in developing a plan of action to remedy any concerns that will affect offender and staff safety.

Corrective Action Completed:

The facility made the necessary renovations to the areas that required a barrier or tint to provide privacy for offenders. The compliance manager forwarded pictures of the areas to the auditor for approval prior to completing all unit renovations. The facility is compliant with this standard.

115.16	INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT
--------	---

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

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

TSCI shall ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Written materials will either be delivered in alternative formats that accommodate the inmate's disability or the information will be delivered through alternative methods, such as reading it to the inmate or communicating through an interpreter, which ensures the understanding of the PREA related material.

The Department shall take reasonable steps to ensure meaningful access to all aspects of the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide qualified interpreters. TSCI has a full time interpreter on staff. The staff member speaks approximately eight languages.

The Department shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter would compromise the inmate's safety, the performance of first response duties under PREA Standard, or the investigation of the inmate's allegations. Justification for any use of an inmate assistant shall be documented accordingly.

In the past 12 months, there have been no instances where inmate interpreters, readers, or other types of inmate assistants have been used.

During the pre-audit, the auditor was provided with copies of PREA posters in both English and Spanish that are posted throughout the facility. During the onsite audit, the auditor observed PREA posters posted in the housing units that contained information in both English and Spanish. During the onsite audit a recommendation was made for the facility to add additional posters to areas of the facility.

115.17	HIRING AND PROMOTION DECISIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Interviews with the Human Resources staff indicate criminal background checks are conducted on all newly hired employees. The HR staff member provided documentation to prove the facility is conducting background checks on all newly hired staff and on all current staff at least every five years. Also, consistent with the Prison Rape Elimination Act (PREA), the Department shall not hire or promote anyone who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other correctional institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; has been civilly or administratively adjudicated to have engaged in the activity described above; and/or the Department will consider any incidents of sexual harassment in determining whether to hire or promote anyone.</p>	

115.18	UPGRADES TO FACILITIES AND TECHNOLOGY
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Documentation was provided of a diagram with all current video monitoring systems in each housing units. The information was very detailed and useful. The documentation was indicative that offender safety is an important priority at TSCI. The Warden also indicated the importance of adding additional video monitoring as the budget allows specifically in the upcoming Recycle Bin Area. There is projected funding for additional video monitoring and staff has had several meetings regarding the utilization and placement of cameras to ensure offender safety.</p>	

115.21	EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>All criminal investigations are completed either by the Nebraska State Patrol or two criminal investigators in the department. The agency has a uniformed evidence collection protocol that maximizes the potential for obtaining usable physical evidence. Forensic exams are conducted off-site by SANEs at Bryan West Hospital and provided at no cost to the victim. Victim advocates are available to offender victims. The audit team was provided an updated copy of the MOU between the agency and the Nebraska Coalition of Sexual Assault.</p>	

115.22	POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
All allegations meeting PREA criteria are investigated, either internally (administrative) or externally (criminal). All allegations within the past 12 months were investigated. The agency does ensure that an investigation is completed for all allegations of offender sexual abuse. All investigators have completed specialized investigative training relative to PREA. The NCDS website provides information regarding the responsibility to investigate criminal allegations	

115.31	EMPLOYEE TRAINING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The PREA training curriculum covers all required components of 115.31 as mandated. The curriculum is tailored to the offender population at TSCI. TSCI provided documentation demonstrating staff at NSP attended the training. Additionally, there is signed documentation from staff showing they received the training. All staff interviewed were very knowledgeable and reflected understanding of institutional PREA training. Policies were compliant with standard and documentation of training curriculum and training records were provided. The curriculum was very informative and it was evident through interviews of staff that the training is effective and taught consistently.	

115.32	VOLUNTEER AND CONTRACTOR TRAINING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Documentation provided demonstrates all Volunteers and Contractors are adequately trained in PREA. The volunteers interviewed and expressed knowledge of PREA and articulated the information taught in training. A volunteer handbook was provided with training material.	

115.33	INMATE EDUCATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	

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

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

Agency provides offenders different formats relative to their language and/or physical needs. Posters were visible throughout the entire prison grounds. It was apparent through offender interviews and/or documentation that each offender is receiving educational material regarding PREA as required by the 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 comments, including corrective actions needed if does not meet standard

The investigative training curriculum is very thorough and specific to PREA duties. The facility met the requirement of the standard in this category and provided documentation of training. Investigators complete training specific to conducting PREA investigations. The training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria required to substantiate an administrative case.

115.35	SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE
--------	--

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

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

The facility is in compliance with this standard. Documentation and training records were provided to verify training of medical and mental health staff. In addition to the regular PREA training, all full and part time medical and mental health care practitioners receive training in how to detect and assess signs of sexual abuse/harassment, how to preserve physical evidence of sexual abuse, how to respond in a professional and respectful manner and how to report incidents/suspicious. Documentation of the training is maintained.

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 comments, including corrective actions needed if does not meet standard

Offenders are assessed upon intake for their risk of being sexually abusive or abused within 24 hours of their arrival at the facility. The intake screening form utilized contains all 10 required elements. Policy requires offender be screened a second time within 30 days utilizing additional, relevant information

that comes to light and offenders are reassessed when warranted. TSCI policy prohibits offenders from being disciplined for refusing to answer any questions during the screening process. During audit, documentation was provided to demonstrate the offenders are being rescreened within 30 days to assess risk of victimization at TSCI. During on site visit, through documentation review and interviews, it did not appear that the offender risk level was reassessed following an incident of sexual abuse, or receipt of additional information, etc. In addition, it did not appear that there was a specific practice implemented regarding the dissemination of the necessary information. Corrective action consisted of providing documentation (standard section (g) of the risk level being evaluated when warranted due to a referral, request, incident or additional information. In addition, a directive from the Warden and/or policy revision to demonstrate compliance with standard section (i) regarding appropriate controls on the dissemination of the information.

Corrective Action Completed:

The facility has provided the requested documentation of the risk level being evaluated when necessary, in addition to a directive from Warden and policy revision to demonstrate the appropriate controls of dissemination of information. The facility is in compliance with this 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 comments, including corrective actions needed if does not meet standard

The information gathered from the screening tool is not being utilized for review purposes as mandated by the standard. During interviews and documentation review, it was determined that housing, work or programming assignments were being made without the consideration of the screening assessment results. Corrective action included developing a procedure to ensure the screening tool information is being considered prior to housing/job/programming assignment. The facility will demonstrate compliance by forwarding documentation of procedure and practice over a 90 period. The interviews with the transgender offenders indicated they are being offered to shower separately, however, the facility did not keep any documentation of this decision. During the interim, the facility has provided documentation of this practice for more than one transgender offender. The facility could not produce documentation of the bi annual review for the transgender offenders. In addition, it was determined through staff interviews that the transgender offender perception and views of his own safety were not being considered. Corrective action includes, training staff on:

The procedure for utilization of risk screening information to determine housing, work or programming assignments

Review of the transgender offenders to include including the offender perception and views of his safety when assessing for placement or reassignment.

Corrective Action Completed:

The facility has put into practice an excellent procedure which includes addition the of the PREA

designation on the Assignment of living location form utilized prior to assignment in addition to housing reassignments. The staff has been trained on the use of the form and each offender's PREA status is considered prior to any housing assignment. In addition, the facility has provided documentation regarding the follow up of the transgender offenders. The facility has worked hard to ensure this standard is in compliance.

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 comments, including corrective actions needed if does not meet standard

The policy is in compliance with this standard. Agency policy prohibits placing offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and determination has been made that there is no available means of separation from likely abusers. TSCI did not have any incidents in which this had occurred; however, a recommendation was made to develop a plan for 24 hour review in the event of placement into involuntary segregation.

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 comments, including corrective actions needed if does not meet standard

Policy and practice are in compliance with this standard. Information on reporting was visible and adequately accessible to all offenders. Agency procedures allow for multiple methods to report allegations of abuse/harassment. During interviews, all offenders were aware of how they could report an incident. Offenders have both an outside reporting mechanism and an anonymous hotline available to them. Staff are required to accept all reports, and expressed understanding of this policy during interviews. Staff were also aware they could call a reporting hotline in order to report an allegation privately. During offender interviews, it was noted that offenders in restrictive housing do not always have the means to report due to limited phone usage. The offenders are given paper and pencil but could not produce the letter in a manner in which it is confidential. The audit team recommends that when the paper and pencil is distributed to segregated offenders, they are also issued one envelope and address to the reporting agency to ensure confidentiality is sustained.

115.52 EXHAUSTION OF ADMINISTRATIVE REMEDIES

INMATE REPO

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

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

All policies and procedures are in compliance with this standard and are covered in the Administrative Regulation. Documentation was provided that indicates any PREA related grievance would be addressed

immediately.

115.53	INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES	INMATE REPO
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
Auditor comments, including corrective actions needed if does not meet standard		
Offenders have access to outside victim support services through the use of Just Detention International. Flyers and posters, observed during the tour, were also readily available at the facility. Offenders are provided written materials with contact information provided. Offenders understand the confidentiality requirements of these services. The department has recently been appointed a Prison Advocacy Coordinator, Marla Sohl, who is employed by the Nebraska Coalition of Sexual Assault to coordinate efforts for outside confidential support services. The facility supplied an updated copy of the MOU for the audit documentation.		

115.54	THIRD-PARY REPORTING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Information provided to both staff and offenders which outlines the process by which parties may report any allegation of sexual abuse and harassment. The agency has a hotline and a reporting form available on the departmental website.	

115.61	STAFF AND AGENCY REPORTING DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
All staff are required to immediately report any incident or allegation of sexual abuse or retaliation; staff interviewed were very familiar with these requirements. They were also aware of the need for discretion. Medical and mental health staff were familiar with their reporting requirements and limitations on confidentiality and informed the inmates of such during initiation of services. All allegations are referred for investigation and given to investigative staff.	

115.62	AGENCY PROTECTION DUTIES
--------	--------------------------

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

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

Agency has in place policies and procedures for immediate action to protect offenders from sexual abuse. It clearly outlines staff responsibility in regards to protection of offenders and PREA. All staff were extremely knowledgeable regarding agency protection duties.

115.63	REPORTING TO OTHER CONFINEMENT FACILITIES
--------	---

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

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

All policies and practices are in compliance with this standard. The facility has procedure in place for reports received that occurred at another confinement facility. Facility was able to provide documentation to support the practice for this standard.

115.64	STAFF FIRST RESPONDER DUTIES
--------	------------------------------

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

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

The policy and procedures reflect staff responder duties. Staff was extremely knowledgeable regarding staff first responder duties. All staff could easily verbalize their response should they be a first responder.

115.65	COORDINATED RESPONSE
--------	----------------------

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

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

TSCI has a coordinated response plan that details the actions to take in response to an incident of sexual abuse. This plan is facility specific and is tailored to the needs of the institution and population. The facility provided multiple examples of the coordinated response being followed following an allegation.

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 comments, including corrective actions needed if does not meet standard

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

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 comments, including corrective actions needed if does not meet standard

The facility is in compliance with this standard and monitors for retaliation in a timely and effective manner. Multiple protection measures are employed. Staff and inmates are monitored for a minimum of 90 days but will be extended if necessary. TSCI has a great format for this standard. The documentation is extremely thorough and considers several factors to monitor retaliation effectively.

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 comments, including corrective actions needed if does not meet standard

The facility has procedures in place to comply with this standard. There have been no incidents in the past 12 months in which protective custody was needed for PREA purposes. Existing policy prohibits placing offenders who allege they suffered sexual abuse in involuntary protective custody unless no other reasonable means to ensure safety can be determined. A plan was not in place to document how this practice would be implemented. Recommendation was made to develop a plan for 24 hour review in the case of placement into involuntary segregation/protective custody.

115.71	CRIMINAL AND 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 comments, including corrective actions needed if does not meet standard

<p>Policy is in place regarding both administrative and criminal investigations. All staff who investigate sexual abuse/harassment are required to take specialized training. A review of a sample of investigations showed all elements required by the standard are in place. Any substantiated cases of criminal conduct are referred for prosecution by NDCS. The retention schedule showed investigations are kept as long as the abuser is incarcerated or employed, plus five years.</p>

115.72	EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>The agency has policies in place that meet requirements of this standard. Policies ensure the preponderance of evidence is the standard of proof in determining the outcome of an allegation.</p>	

115.73	REPORTING TO INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>The offender is notified in writing of the outcome of a PREA investigation. The notification process is detailed and covers all requirements of the standard. The procedure in place is in compliance with this standard.</p>	

115.76	DISCIPLINARY SANCTIONS FOR STAFF
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>All procedures regarding staff discipline are outlined in policy and referenced in training. Practices indicate the standard is being followed. There were no current disciplinary sanctions for staff at TSCI relative to PREA.</p>	

115.77	CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	

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

All information provided demonstrates the requirement of this standard is being met and is compliant. Policy ensures contractors and volunteers who sexually abuse offenders are prohibited from contact with them and referred to relevant licensing bodies, as well as Nebraska State Patrol when the alleged act may be criminal in nature. Appropriate remedial measures are taken for other violations of PREA policy

115.78

DISCIPLINARY SANCTIONS FOR INMATES

- 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)

Offenders are subject to discipline for perpetrating sexual abuse and harassment. Sanctions are commensurate with past history, the nature of the offense and comparable sanctions given to other offenders for the same type of misconduct, along with consideration to an offenders mental health status, including the consideration of therapy. Offenders are not disciplined for having sexual contact with staff, unless the staff member did not consent to the contact. Offenders are not disciplined for making reports in good faith, even if the allegation is determined to be unfounded. TSCI policy does prohibit consensual sexual contact/activities between inmates. Staff was not aware of the need for consideration to the offender's mental disabilities or mental illness prior to delivery of sanction. Initial corrective action included education to staff on the subsection of the standard relative to consideration of mental illness or disability. During the interim, the Compliance Manager has forwarded a directive to mental health to ensure each offender on offender abuser is evaluated prior to disciplinary sanction. Each contact will be documented and maintained by the mental health staff. The compliance manager has met with and educated relative staff to the procedure. The facility will forward any cases that they may have within the next 90 days that will demonstrate practice and additional compliance with this 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 comments, including corrective actions needed if does not meet standard

All documentation provided proves compliance with the requirements of this standard. Offenders are offered a follow-up meeting with medical or mental health staff within 14 days if they disclose prior sexual victimization or perpetration during risk screening.

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 comments, including corrective actions needed if does not meet standard

Facility has adequate coverage for medical and mental health services. Offenders have access for emergency services in accordance with this standard. Offender victims receive timely access and information regarding treatment and available treatment options, including sexually transmitted infections. All treatment is provided at no cost to the offenders. The attending facility physician is fully aware of the importance of PREA and ensures the medical department is familiar with procedures.

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 comments, including corrective actions needed if does not meet standard

All offender victims, regardless of whether abuse occurred at TSCI or another confinement facility, are offered medical and mental health evaluations, including testing for sexually transmitted infections. Such treatment includes plans for follow-up care in the event they are transferred to another facility or released from custody. All treatment is provided at no cost to the inmates. It was determined during interviews that the staff was not aware that the facility should attempt to conduct a mental health evaluation of all known offender on offender abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate by mental health practitioners. Initial corrective action included training for staff on the requirement of this standard for mental health evaluations on offender on offender abusers. During the interim, the Compliance Manger has met and trained all mental health staff on the requirements of the standard. The mental health staff has signed stating they understand the training and will begin implementation immediately. The facility will forward any cases that they may have within the next 90 days that will demonstrate practice and additional compliance with this 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 comments, including corrective actions needed if does not meet standard

The facility exceeds the requirement of this standard. The facility conducts Sexual Abuse Incident Reviews with qualified team of staff including Warden, administrative captain, mental health staff, investigators, and input from upper management line staff. Each staff member is present and contributes to the procedure overall. The reviews are completed within 30 days of the conclusion of the investigation and any corrective action is evaluated and implemented as necessary. The facility evaluates facility policy to ensure there are no changes necessary. Staffing pattern is also considered during the review process. All information gathered from review meeting is documented thoroughly in the Sexual Assault Incident Review packet.

115.87	DATA COLLECTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The agency maintains adequate records of data in order to meet compliance with this standard. Data is collected and aggregated annually and the Survey of Sexual Violence is submitted within the time frame outlined by the governing agency of that form.	

115.88	DATA REVIEW FOR CORRECTIVE ACTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The agency provided an annual report with all data collection recorded. The report provided an assessment of the facility's progress in addressing sexual abuse and corrective action taken if necessary. It was an excellent, very informative report.	

115.89	DATA STORAGE, PUBLICATION, AND DESTRUCTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The agency has all necessary information publicized on the agency website. The information is appropriately stored and all personal information was redacted. Agency policy indicates secure retention of the data. The agency is in compliance with this standard.	

SUMMARY OF AUDIT FINDINGS:

The audit team was extremely impressed with the work being completed at both the agency and facility level. All the staff was knowledgeable and courteous during the audit. The ongoing display of professionalism from staff at TSCI is indicative of their dedication to compliance with standards mandated by PREA. All staff interviewed were knowledgeable, particularly with their knowledge of policies and procedures. It was evident that Incident Review is an important aspect of the facility awareness for offender safety, which is indicated in an exceeds requirement mark. PREA information and

posters were readily available for offenders. Compliance Manager Luke Morris did a remarkable job ensuring the audit team had all requested documentation. All staff involved in the audit process were extremely polite and accommodating. The staff was eager to speak of their knowledge and zero tolerance policy regarding PREA. It is obvious that staff maintain a genuine respect for the PREA process and the facility administration. TSCI has undergone recent changes and challenges and despite the day to day struggles, it was clear that PREA is a priority to all staff. The employees at TSCI are dedicated to the safety of offenders, staff, visitors and the public.

AUDITOR CERTIFICATION:

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



1-9-17

Auditor Signature

Date