Prison Rape Elimination Act (PREA) Audit Report
Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report 11/28/17

Auditor Information

Name: Dorothy Xanos	**Email:** dorothy.xanos@truecorebehavioral.com
Company Name: TrueCore Behavioral Solutions, LLC	
Mailing Address: P.O. Box 4068	**City, State, Zip:** Deerfield, Florida 33442
Telephone: (813) 918-1088	**Date of Facility Visit:** 10/25/17 – 10/26/17

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,		**City, State, Zip:** Lincoln, NE 68509	
Mailing Address: P. O. Box 94661		**City, State, Zip:** Lincoln, NE 68509-4661	
Telephone: (402) 479-5119		**Is Agency accredited by any organization?** ☒ Yes ☐ No	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal

Agency mission: Keep people safe. NDCS has a statutory responsibility to keep safe people in the public, people who work for the agency, people who visit its prisons and the people living in its prisons. This is accomplished through sound incarceration practices and daily vigilance. Good security encompasses much more than counts, searches and locked doors. It includes providing opportunities for incarcerated individuals to change thinking and behavior. Those opportunities are facilitated by assessments, treatment, programming and comprehensive reentry planning.

Agency Website with PREA Information: http://corrections.nebraska.gov

Agency Chief Executive Officer

Name: Scott Frakes	**Title:** Director
Email: scott.frakes@nebraska.gov	**Telephone:** (402) 479-5623

Agency-Wide PREA Coordinator	
Name: Danielle Reynolds	**Title:** PREA Coordinator
Email: danielle.reynolds@nebraska.gov	**Telephone:** (402) 479-5660
PREA Coordinator Reports to: Mark Rumery	**Number of Compliance Managers who report to the PREA Coordinator** 10

Facility Information

Name of Facility: Nebraska Correctional Youth Facility			
Physical Address: 2610 N. 20th Street, East Omaha, NE 68110			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: (402) 595-2000			
The Facility Is:	☐ Military	☐ Private for profit	☐ Private not for profit
☐ Municipal	☐ County	☒ State	☐ Federal
Facility Type:	☐ Jail	☒ Prison	

Facility Mission: The mission of the Nebraska Correctional Youth Facility is to maintain public safety by providing a secure environment and proven programs for youthful offenders that offer the necessary skills to become responsible and productive citizens.

Facility Website with PREA Information: http://corrections.nebraska.gov

Warden/Superintendent	
Name: Ryan Mahr	**Title:** Warden
Email: ryan.mahr@nebraska.gov	**Telephone:** (402) 636-8600

Facility PREA Compliance Manager	
Name: Kurt Kinlund	**Title:** Unit Administrator/PREA Compliance Manager
Email: kurt.kinlund@nebraska.gov	**Telephone:** (402) 636-8650

Facility Health Service Administrator	
Name: Christy Nielsen	**Title:** Associate Director of Nursing
Email: Christy.nielsen@nebraska.gov	**Telephone:** (402) 522-7134

Facility Characteristics

Designated Facility Capacity: 68	Current Population of Facility: 47		
Number of inmates admitted to facility during the past 12 months			44
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			44
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			44
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Youthful Inmates Under 18: 16-17	Adults: 18-21	
Are youthful inmates housed separately from the adult population?		☒ Yes	☐ No ☐ NA
Number of youthful inmates housed at this facility during the past 12 months:			96
Average length of stay or time under supervision:			1 year 8 months
Facility security level/inmate custody levels:			Maximum, Medium & Minimum
Number of staff currently employed by the facility who may have contact with inmates:			84
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			16
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			5

Physical Plant

Number of Buildings: 5	Number of Single Cell Housing Units: SMU-15/HU1-5/HU2-2
Number of Multiple Occupancy Cell Housing Units:	HU#1 - 25 double bunk cells & HU#2 - 28 double bunk cells
Number of Open Bay/Dorm Housing Units:	NA
Number of Segregation Cells (Administrative and Disciplinary:	15

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

94 cameras (stationary/PTZ)with network recordings retained for 30 days, cameras placed throughout facility indoors/outdoors monitored from Central Control, Sergeant's Office and Captain's Office

Medical

Type of Medical Facility:	Medical clinic during business hours; after hour support from medical staff @ Omaha Correctional Center
Forensic sexual assault medical exams are conducted at:	Nebraska Medical Center

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	59 volunteers/31 contract staff
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	94

Audit Findings

Audit Narrative

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

The PREA audit of the Nebraska Correctional Youth Facility (NCYF) was conducted on October 25-26, 2017 by Dorothy Xanos, US DOJ Certified PREA Auditor. The audit begins with the notification of the on-site audit that was posted by September 13, 2017, six weeks prior to the date of the on-site audit. The posting of the notices were verified during the tour and verified by photographs received on the USB flash drive from NCYF's Unit Administrator/PREA Compliance Manager. The photographs indicated notices were posted in various locations throughout the facility including the administration area, intake area and all housing units. This auditor did not receive any communication from the staff or the inmates as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation for all forty-three (43) standards were received by September 27, 2017. The documentation was uploaded to a USB flash drive that was organized, highlighted and easy to navigate.

The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address a number of the standards. After a conference call with the Warden, Assistant Warden, Unit Administrator/PREA Compliance Manager and providing a list of noted concerns, the Unit Administrator/PREA Compliance Manager sent some documentation to this auditor prior to arrival to the facility. Also a number of supporting documents were provided during the on-site visit. Specific corrective actions during the on-site visit were taken to address some of the deficiencies and are summarized in this report under the related standards.

The on-site audit was conducted on October 25-26, 2017. An entrance briefing was conducted with the Warden, Assistant Warden, Unit Administrator/PREA Compliance Manager, Captain and NDCS PREA Coordinator. During the briefing, it was explained the audit process 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, multi-purpose room/offices, sally port area, program/support offices, classroom/vocational area, library and computerized law collection, medical area, kitchen and storage area, dining area, recreation areas, canteen area, gym/weight room area, maintenance and storage areas, laundry area, and housing units/wings. During the tour, youthful inmates were observed to be under constant supervision of the staff while involved in various activities. The facility and most of the buildings 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 inmate 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 most of the shower/toilet areas in the male unit/dorm areas

did allow for privacy. The handicap shower/toilet areas did not allow for privacy and this was corrected with privacy flaps. The Unit Administrator/PREA Compliance Manager sent photographs to this auditor verifying the privacy flaps after the on-site visit.

During the two (2) day on-site visit, there were a total of forty-seven (47) youthful inmates in the facility. There are three (3) living unit/dorms and ten (10) inmates were randomly selected for the interview process. However, nine (9) inmates were interviewed and the other inmate declined to see this auditor. 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, administrative staff, the hot line, and the grievance process. The community victims' advocacy service and telephone number is available to the inmates located 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. Also, this auditor contacted the Prison Advocacy Coordinator from the Coalition via telephone prior to the on-site visit.

Twenty-four (24) staff were formally interviewed including those from all three (3) shifts, medical and mental health staff, administrative and supervisory staff, case management staff, (2) teachers, Warden, Assistant Warden, and Unit Administrator/PREA Compliance Manager were interviewed on both days of the audit and several days after the on-site visit. Additionally, interviews were conducted via telephone with the NDCS Director's representative (Deputy Director of Operations) and NDCS PREA Coordinator prior to the on-site visit. 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, Assistant Warden, Unit Administrator/PREA Compliance Manager, Captain and NDCS PREA Coordinator. At the exit debriefing, it was discussed additional documentation was required for five (5) standards and it was determined this information would be sent to this auditor within the next three (3) 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

Facility Characteristics

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

Nebraska Correctional Youth Facility (NCYF) was officially opened in 1998 and is a multi-security facility that houses maximum, medium, minimum custody youthful male offenders convicted as adults with a designed capacity of 68 inmate beds including a sixteen (16) bed Special Management Unit (SMU) governed by the Nebraska Department of Correctional Services (NDCS) located in Omaha, Nebraska. Also, the facility is accredited through the American Correctional Association (ACA). The prison's physical plant is comprised of five (5) buildings surrounded by a perimeter security fence. The entrance to the main building leads into a lobby/reception area. There is an administrative area with offices and conference room, master control area, intake receiving area with two (2) holding cells and

property area, sally port area, visitation area, laundry, clothing and supplies, and chemical storage area. The kitchen with dining area (tables/chairs), dry storage, walk-in cooler/freezer area, medical including waiting area and dental office, multi-purpose area with mental health offices, classrooms/education and vocation area, library with computerized law collection, indoor gymnasium and weight room, maintenance (mechanical & electrical) area, recreation area and canteen area. The other three (3) buildings are the housing units containing three (3) wings with postings in each entrance area. Each wing has single and double cell occupancy containing a day room, (2) telephones, correctional tables/chairs, shower area, and handicap shower/bathroom area. One (1) of the three (3) buildings is the Special Management Unit (SMU) with sixteen (16) single cells. There is an outdoor running/walking track, weight lifting, softball field and basketball court located on the yard inside the facility. Exercise facilities are open to the inmate population in the mornings, afternoons, and evenings at various times to promote physical fitness and health. Table games, contests, skilled events and activities are organized by staff during state observed holidays.

Nebraska Correctional Youth Facility (NCYF) is staffed with eighty-four (84) full-time and part-time employees including medical, mental health staff and there are various groups of volunteers providing religious services to inmates. The staff consisted of: Warden, Assistant Warden, Captain, Unit Administrator, (6) Lieutenants, (3) Sergeants, (32) Corporals, (2) Case Managers (9) Unit Case Workers, Recreation Manager, Recreation Specialist, (15) other staff (accounting, administrative, food service, maintenance and technology), (7) Education staff and three (3) vacant positions.

A registered nurse provides nursing services on-site eight (8) hours a day, five (5) days a week and an on-call Physician 24/7. A physician visits the facility twice a week to examine inmates at sick call. The Omaha Correctional Center has nursing staff available 24 hours per day and supports NCYF medical services after business hours, weekends and holidays. All inmates are seen by a physician upon arrival to the facility. Additionally, all nurses are supervised by an on-site registered nurse supervisor who is responsible for coordination of the medical services. The medical staff provides medical care to include: completing the initial intake assessment, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams (optical lab), dietary services and referrals, administration of medications/treatments as prescribed, assessments of inmate injuries and treatment as required, medical assessments and monitoring with any restraint or segregation, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Dental services are provided twice a month consisting of dental care, cleaning, education, and treatment fillings to extractions. All inmates are seen by the dental staff and at least annually for a wellness check. Emergency services and forensic examinations are conducted at Nebraska Medical Center.

NCYF's Mental Health department is comprised of one Psychologist, one Mental Health Supervisor and a Mental Health Practitioner. A contract Psychiatrist makes regular visits to the facility to assess inmates that may be in need of psychotropic medications. There is a licensed mental health staff on call 24 hours a day, 7 days a week to deal with any crisis that may arise. Each inmate has a treatment plan developed for NCYF and meets with a mental health staff member a minimum of once per month. Anger Management, Victim Impact, and Aggression Replacement Training are some of the programs available to NCYF inmates. All programs are flexible to inmate needs, focus on pro-social behavior and are cognitive based.

Nebraska Correctional Youth Facility is the reception and orientation facility where each youthful inmate is reviewed, assessed and assigned to a custody level based on a factor rating score determined by several variables. Each youthful inmate at the facility is a full time student or has an institutional porter assignment. These assignments consist of working in the Food Service, Maintenance, Housing Unit or

Recreation/Library areas which provides the opportunity for youthful inmates to learn work skills i.e. food preparation, building maintenance, hair cutting, floor care and tutoring/teacher aiding.

NDCS established a Rule 10 Special Purpose High School in January 2008 to meet the educational needs of the NCYF inmate population. Certified teachers teach high school courses consisting of English, Mathematics, Science and Social Studies, Career & Technical Education, Physical Education and visual/performing arts. The students are assigned to classes based on reviews of past school transcripts and their identified deficits required to graduate. NCYF's primary curriculum includes the P.A.S.S. (Portable Assisted Study Sequence) Program which was designed to provide the flexibility of instruction to meet the needs of each student, Virtual High School courses (presently offered through NovaNET) and teacher developed courses. The Adult Education (A.E.) Course includes basic and advanced classes. The advanced classes are primarily GED test preparation courses and are reserved for those students who are preparing to take their GED tests in the near future. The college coursework is also available through Metropolitan Community College. Also, the Recreation Manager and Recreation Specialist organize athletic leagues where inmates can participate as players, coaches and officials. Leagues are formed based on skill level for flag football, basketball and softball.

Nebraska Correctional Youth Facility offers vocational preparation courses through the high school classes in computer/office skills as well as Project GreenThumb, a horticulture program, which provides inmates with formal classroom training in horticultural topics such a soil, perennials, annuals, shrubs, trees as well as an introduction to landscape design. Another program offered at the facility is the "PAWSitive Outcomes Program" that provides inmates with the responsibility for training, feeding, sheltering, grooming, sanitation and control of the program's dogs. Participants learn the value of positive reinforcement and the Handlers work towards training dogs to become assistance dogs.

Religious services are provided at the facility and their intent is to meet the spiritual needs of the inmates to encourage their spiritual growth. The Religious/Volunteer Coordinator administers both the volunteer and the religious services for the NCYF. Multi-faith worship services are scheduled on a regular basis. On occasions, some religious services are conducted through volunteer organizations or individuals that lead the worship services. Inmates may receive visits from their religious leader in the community once approved in the clergy database. The Religious/Volunteer Coordinator maintains an extensive library of religious books, CD's, DVD's and videotapes that are available to the inmates.

- Protestant services are available on a weekly basis to interested inmates by Salem Baptist and Bridge Church. God's Love Outreach has weekly Bible Study with volunteers.
- Catholic prayer service is offered weekly by deacons of the Omaha Archdiocese on Sundays.
- The Word of Truth Bible study from Norfolk, NE leads monthly Bible study when interested inmates sign-up.
- There is a Native American Pipe Ceremony offered weekly for inmates who are interested in Native American spiritual practices.

Inmates can participate in several activities that are facilitated by volunteers from the local community at various times throughout the year.

- Alcoholics Anonymous meetings are offered on a regular basis.
- Chess Club teaches inmates the game of chess and is offered bi-weekly by an ENCAP volunteer to interested inmates.
- Art Classes are offered at the availability of the volunteer.

- Guitar practices and Keyboarding classes are offered three days a week to provide inmates an opportunity to explore their musical talents.
- NCYF community choir meets weekly and is led by a local high school choir director who volunteers their services.
- Impact One offers six week sessions of meetings to discuss impact of gangs on inmates lives.
- Impact One teaches inmates to weigh the consequences of their decisions and how it will affect their lives and their families. It also prepares them for the future with re-entry curriculum.
- The Mentor Program is available on a weekly and bi-weekly basis. Inmates are interviewed by staff prior to being matched with a mentor. Mentors are matched with inmates of like interests. Mentors receive special training and provide a positive support system to our inmates.
- Inmates participate in several holiday activities. Card making projects are sponsored by Presbyterian Church of the Cross and other volunteers who make it possible for inmates to create cards for the Valentine's Day, Mother's Day, July 4th, and Christmas holidays.

The mission at the Nebraska Correctional Youth Facility is based upon a culture of accountability and comprehensive programming that is established on evidence based practices that provide youthful offenders with the necessary skills to successfully reenter their communities. The facility's Transition Team works on all phases of each individual's incarceration, from the initial intake to their eventual release to the community. Within the institution they have developed 'transition steps' that break down the process points along the pathway to release by partnering with a variety of community agencies to provide basic needs such as clothing, shelter and employment for our residents, should they require these needs upon release.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, ***along with a list of each of the standards in each category****. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded:	2 **(115.11 & 115.31)**
Number of Standards Met:	41
Number of Standards Not Met:	0
Summary of Corrective Action (if any)	NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Policy #200.02 (NDCS Agency: Administration, Organization and Management) revised 8/31/17 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. Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (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. 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.

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. 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 randomly selected and specialized staff interviews that staff had been trained and were knowledgeable of NDCS Agency's Sexual Assault/Abuse Policy including all aspects of sexual abuse and sexual harassment in accordance with the requirements. Also, during the tour of the facility, the observation of bulletin boards, posters, reviews of staff and inmate handbooks, training curriculums confirmed the facility's commitment and dedication to create a PREA compliant culture.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for

agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 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 (committed felons and misdemeants) in the past twelve (12) months and effective through June 30, 2018. An interview with the NDCS PREA Coordinator confirmed these County Jails are monitored on a scheduled basis by NDCS to ensure compliance with the PREA standards.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17; Policy #112.09 (Essential Staffing Continuum) revised 4/30/17; Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17; Post Orders (Shift Supervisor – 0500) dated 5/10/16 and NDCS Nebraska Correctional Youth Facility's (Facility Annual PREA Assessment) dated 3/2/17 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 essential staffing reports that contains observations of all areas of the facility. NDCS's staff review, approve, and sign annual staffing plans for all facilities statewide. Nebraska Correctional Youth Facility's staffing plan was reviewed, approved, and signed on 3/2/17. The facility had one (1) deviation from the staffing plan due to an emergency type of situation, however their critical positions are always filled and it is a mandate. Nebraska Correctional Youth Facility is a secure facility and utilizes constant video and staff monitoring to protect the inmates from sexual abuse and harassment.

The Warden's interview, documentation and staff interviews confirmed the process takes place in the facility. The Warden 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 essential staffing reports and unit log books. Also, the Warden, Assistant Warden, and Unit Administrator/PREA Compliance Manager 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. During the facility tour, there were two (2) areas (medical & hallway areas) identified as having blind spots. A procedure will need to be implemented as to how these areas will be supervised or utilizing some form of enhanced supervision. Since the initial review and on-site visit, the Unit Administrator/PREA Compliance Manager sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 contained the required elements of the standard including the placement and physical contact with youthful offenders/inmates and adult inmates. All interviews with the youthful offender/inmates strongly indicated there is no contact with adult inmates. Observation and interviews with staff confirmed that youthful offenders have no interactions with adult inmates. It was evident staff during movements from the housing unit, education area, dining area, and recreation area ensured that no youthful offender interacted with any adult inmates.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female inmates? ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17; Policy #201.13 (Identification of Potential Aggressors and Victims) revised 3/31/17; Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) and Policy #201.13.1 (Identification of Potential Aggressors and Victims) 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 areas, and prohibiting the search of a transgender or intersex inmate solely for the purpose of determining the inmate's genital status. Also, the policies indicated any cross-gender searches are required to be documented. Staff and inmate interviews indicated that female staff entering the housing area most of the time announced themselves. A review of the training documentation and staff interviews confirmed the annual 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. However, most staff interviews could not identify the NDCS policy on prohibiting staff from searching or physically examining a transgender or intersex inmate for the purpose of determining that inmate's genital status. During the facility tour, it was observed that most of the shower/toilet areas in the male unit/dorm areas did allow for privacy. The handicap shower/toilet areas were corrected with a new process of placing the privacy flap over the windows for privacy. The Unit Administrator/PREA Compliance Manager sent photographs to this auditor verifying the new process of a privacy flap over the windows for privacy after the on-site visit. There has 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. After the on-site visit, all staff were re-trained on the NDCS policy on prohibiting staff from searching or physically examining transgender or intersex inmate for purpose of determining that inmate's genital status. Nebraska CYF's Unit Administrator/PREA Compliance Manager sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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, both policies state the facility will not rely on inmate interpreters, inmate readers or any kind of inmate assistants except when a delay in obtaining interpreter's services could compromise an inmates' safety. Nebraska Correctional Youth Facility'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. There are postings throughout the facility in English and Spanish. The staff training documentation, pamphlet, handbook and the inmate PREA orientation contained information on providing appropriate explanations regarding PREA to inmates based upon their individual needs. Most staff interviews confirmed there is an outside agency to provide services and they do not allow for the use of inmate assistants 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

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17; Policy #112.03 (Employee Selection Policy) revised 11/30/17; Policy #110.01 (Engineering Project Procedures) revised 4/30/17; Policy #112.31 (Code of Ethics and Conduct) revised 6/30/17 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 Personnel Manager I'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

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 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. Nebraska Correctional Youth Facility had no additions or major modifications to 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. The facility is continually evaluating the electronic surveillance system and video monitoring. An on-site walk through with contractors recently occurred at the facility to determine how funds will be allocated for cameras, upgrades and additions.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17; Policy #215.01 (Correctional Investigator's Duties and Reporting of Criminal Activities) revised 6/30/17 and Nebraska CYF's Operational Memorandum Policy #203.11.1 (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 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. Nebraska Medical Center (SANE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. The Nebraska CYF's Warden has identified one (1) 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

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

115.22 (a)

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

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 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. The staff refers all allegations of sexual abuse and harassment to the NDCS PREA Coordinator to review the complaint and determine if the facility staff will conduct the investigation. If the allegation appears to be criminal in nature the NDCS PREA Coordinator will consult with the Agency Personnel Investigator for assignment to an NDCS Criminal Investigator. If referred 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. The Nebraska Correctional Youth Facility had received three (3) allegations of sexual abuse and sexual harassment resulting in a criminal investigation and/or an administrative investigation in the past twelve (12) months. All staff interviews reflected and confirmed their knowledge on the reporting, referral process and policy's requirements but did not know the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse and sexual harassment. After the on-site visit, all staff were re-trained on who conducts the administrative and criminal investigations in response to an allegation of sexual abuse and sexual harassment. The Nebraska Correctional Youth Facility's Unit Administrator/PREA Compliance Manager sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

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

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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 power-point presentation and staff interviews confirmed staff receives PREA training during initial pre-service training and during refresher in-service 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, observation of the day-to-day operations as well as staff interviews confirmed that the 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 the 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

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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. An interview with a volunteer confirmed her 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

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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") 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 "Nebraska CYF 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 inmate interviews. 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 during the facility tour in the housing units, common areas and inmates identified the postings as another source of information for them.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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 under-go an extensive training developed by NDCS PREA Office prior to conducting criminal and administrative investigations which includes the NDCS PREA Specialized Investigative Training: 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. There are six (6) staff at the facility who 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

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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 the training completed by all four (4) of the medical and mental health staff. Also, all medical and mental health staff participated in annual PREA training. The medical staff at the facility does not conduct forensic examinations. Interviews with a medical and a mental health staff confirmed their understanding of the requirement to complete the specialized training, verified completing the course and participating in the annual basic PREA training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Policy #201.13 (Identification of Potential Aggressors and Victims) revised 3/31/17 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 limit 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

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

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

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing:

lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17; Policy #201.13 (Identification of Potential Aggressors and Victims) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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. NCYF "Classification Committee" utilizes the NDCS "Potential for Sexual Assault/Sexual Victimization Screening Instrument", "Classification Form" and any other pertinent information during the inmate's admission and placement process. Staff interviews described how information is derived from both forms as indicated above and the initial health assessment and mental health/substance abuse screening forms to determine placement and risk level. There are three (3) dormitories containing a day room, correctional tables/chairs, shower area, handicap shower/bathroom area and single cells with

bunk beds and/or double bunk beds. 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

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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. Nebraska Correctional Youth Facility's staff has not placed any inmates in involuntary restrictive housing within the past twelve (12) months.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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, using the inmate calling system (ICS), 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. The victim advocate information postings were limited. Reporting procedures are provided to inmates through NDCS PREA pamphlet entitled "Sexual Assault Awareness," NCYF Institutional Rules & Handbook and power point/video presentation. Most staff and inmate interviews along with the orientation and supporting documentation verified compliance with this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17; Policy #217.02 (Inmate Grievance Procedures) revised 6/30/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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 NCYF Institutional Rules & Handbook, staff and inmate interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility. The Nebraska Correctional Youth Facility had one (1) grievance in the past twelve (12) months related to sexual abuse or sexual harassment complaint.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (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 that was reviewed and signed on 8/24/17 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. However, inmate interviews revealed limited knowledge of how to access outside services. Since the initial review and on-site visit, the facility's bulletin boards located in their housing units were updated to clearly post the victim advocate services and the telephone number and the staff will provide additional education to future inmates on victim advocate services during their orientation process. The Nebraska Correctional Youth Facility's Unit Administrator/PREA Compliance Manager sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 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.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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 receives 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

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 requires that immediate action to be taken upon learning that an inmate is subject to a substantial risk of imminent sexual abuse. Documentation and interviews with the Warden 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. There were no inmates determined to be subject to substantial risk of imminent sexual abuse in the past twelve (12) months.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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 both policies and procedures, 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

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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. There have been three (3) allegations of sexual abuse during the past twelve (12) months. 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 had been trained in their responsibilities as first responders. The staff had a wallet card containing the policy on the first responder's specific steps to respond to a report of sexual abuse and other pertinent PREA information i.e. hotline number.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (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. The Nebraska Correctional Youth Facility'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. Nebraska Correctional Youth Facility'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 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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17; Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 and the documentation of the labor contract between the state of Nebraska and The Health & Human Care Non-Professional Bargaining Unit; The Examining, Inspection and Licensing Bargaining Unit; The Health & Human Care Professional Bargaining Unit; The Engineering, Science & Resources Bargaining Unit; The Maintenance, Trades & Technical Bargaining Unit; The Social Services & Counseling Bargaining Unit; The Administrative Professional Bargaining Unit; The Administrative Support Bargaining Unit and 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) dated July 1, 2017 through June 30, 2019 is in accordance with the PREA standards and can be found on the NDCS website.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with

victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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. Both policies prohibit 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, negative performance reports as well as reassignments of staff. The Unit Administrator/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 retaliation should occur, the assigned staff would complete a form (Protection Against Retaliation – Inmates) whether it is a staff or inmate retaliation monitoring. There has been one (1) incident in the past twelve (12) months that was monitored for possible retaliation.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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. Nebraska Correctional Youth Facility has restrictive housing and an inmate could be transferred to another facility. The facility's Institutional Classification Committee (ICC) meets weekly to review the inmate's restrictive housing status to determine whether there is a continuing need to separate the inmate from the general population. No inmates who have alleged sexual abuse in the past twelve (12) months were secluded or isolated from the other inmates.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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 refers all allegations of sexual abuse and harassment to the NDCS PREA Coordinator to review the complaint and determine if the facility staff will conduct the investigation. If the allegation appears to be criminal in nature the NDCS PREA Coordinator will consult with the Agency Personnel Investigator for assignment to an NDCS Criminal Investigator. If referred 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 three (3) reported investigations of alleged staff's or inmates sexual abuse or sexual harassment that occurred in this facility in the past twelve (12) months. However, there has been no substantiated allegation of conduct that appeared to be criminal and referred for prosecution in the past twelve (12) months. All six (6) 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

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

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

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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. Both policies 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 utilizes an "Inmate PREA Notification" form to advise the inmate of the investigation outcome. There has been three (3) reported investigations of alleged staff's or inmate's sexual abuse that occurred in this facility in the past twelve (12) months that was completed by the agency/facility. The Warden validated his technical knowledge of the reporting process during his interview.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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 employee's 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 employee disciplined in the past twelve (12) months for violation of the facility's sexual abuse or harassment policies. The Warden's 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

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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. 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

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions. Nebraska Correctional Youth Facility's staff provides each inmate with a "Nebraska CYF Sexual Assault Sexual Abuse Sexual Awareness Information" pamphlet; NDCS PREA pamphlet entitled "Sexual Assault Awareness" and NCYF Institutional Rules & Handbook 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. There were no administrative findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility in the past twelve (12) months. The Warden indicated that inmates may also be referred for prosecution if the allegations were criminal.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17; Policy #115.23 (Mental Health Services) revised 10/31/16; Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 and Policy #115.23.1 (Mental Health Services) revised 10/31/16 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 completes various admission screening forms (i.e. Intra-System Medical Screening, Intake Medical Screening, Patient Questionnaire and Health Screening) and mental health staff completes 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

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

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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 had 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. Nebraska Medical Center (SANE certified) 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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse revised 3/31/17; Policy #201.13 (Identification of Potential Aggressors and Victims) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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. There have been three (3) investigations of alleged inmate's sexual abuse that occurred in this facility in the past twelve (12) months. The medical and mental health staff have a protocol in place to assist inmates upon discharge from the facility to continue services if needed.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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. The Nebraska Correctional Youth Facility's Unit Administrator/PREA Compliance Manager oversees the PREA Management Team that consists of Upper Level Management positions (i.e. Assistant Warden, Captain, Unit Administrator); Line Supervisors (i.e. Lieutenant, Sergeant, Unit Case Manager); Investigative Staff, medical or mental health staff (i.e. Psychologist). The facility has reported three (3) investigations of criminal and/or administrative investigation of alleged sexual abuse that occurred in this facility in the past twelve (12) months. It was evident from the interviews staff had 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

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 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 Nebraska Correctional Youth Facility'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 action.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes ☐ No

115.89 (b)

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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 3/31/17 and Nebraska Correctional Youth Facility's Operational Memorandum Policy #203.11.1 (Sexual Assault/Abuse) revised 3/31/17 requires that data is collected and securely retained for 10 years. Both policies indicated the Department will complete an annual report. The annual report will contain identification of problem areas, each facility's corrective action, comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. The aggregated sexual abuse data was reviewed and all personal identifiers are removed. The 2016 NDCS Annual PREA Assessment is posted on the NDCS Website and readily available for public review.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.) ☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☒ Yes ☐ No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

This auditor reviewed the Nebraska Department of Correctional Services (NDCS) web page at https://corrections.nebraska.gov/about/prison-rape-elimination-act-0 containing the ten (10) audit reports for PREA audits completed from March 9, 2015 through July 13, 2017. One third of each facility type operated by this Agency was completed during the first PREA review cycle in accordance with the standard. All ten (10) facilities have been scheduled for the second PREA review cycle. This facility is

one of the facilities scheduled for the first year of the second PREA review cycle. This auditor had access to the entire facility and was able to conduct interviews and provided with documentation in accordance to the standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

This auditor reviewed the Nebraska Department of Correctional Services (NDCS) web page https://corrections.nebraska.gov/about/prison-rape-elimination-act-0 containing the ten (10) PREA Final Reports that were audited for the previous three years and published within 90 days after the final report was issued by the auditor.

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.

Auditor Instructions:

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

Dorothy Xanos December 4, 2017

Auditor Signature **Date**

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

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