

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]		
Name of facility: Nebraska Correctional Center for Women		
Physical Address: 1107 Recharge Road York, NE 68467		
Date report submitted: May 23rd, 2016		
Auditor Information Michele Dauzat PREA Coordinator Louisiana Department of Corrections		
Address: 670 Bell Hill Road Homer, La. 71040		
E-Mail: MicheleDauzat@corrections.state.la.us		
Telephone number: 318-927-0475		
Date of facility visit: April 12th-14th, 2016		
Facility Information		
Facility mailing address: (if different from above)		
Telephone number:		
The facility is:		
<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
<input type="checkbox"/> Private not for profit		
Facility Type: <input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison		
Name of PREA Compliance Manager: Shaun Settles	Title: Major	
E-Mail Address: shaun.settles@nebraska.gov	Phone Number: 402-362-3317	
Agency Information		
Name of agency: Nebraska Department of Correctional Services		
Governing authority or parent agency: (if applicable) State of Nebraska		
Physical address: Folsom & W. Prospector Place Bldg #1 Lincoln, NE 68509		
Mailing address: (if different from above) PO Box 94661 Lincoln, NE 68509-4661		
Telephone Number:		
Agency Chief Executive Officer		
Name: Scott Frakes	Title: Director of Corrections	
E-Mail Address: scott.frakes@nebraska.gov	Telephone Number: 402-479-5710	
Agency-Wide PREA Coordinator		
Name:	Title: PREA Coordinator	
E-Mail Address:	Telephone Number: 402-479-5660	

## AUDIT FINDINGS

### NARRATIVE:

The PREA Audit was conducted at the Nebraska Correctional Center for Women. The PREA audit team consisted of Michele Dausat, PREA auditor, La. PREA Coordinator, and Shirley Coody, Assistant Warden, PREA support staff. The audit began with a tour of the facility, video monitoring and spot check for notification of available services and contact information for the auditor. Each housing unit had adequate information regarding PREA and contact information for auditor. Each area was supervised by either staff and/or video monitoring. In the event of an offender sexual assault, the offender would be sent Bryan Lincoln General Hospital (LGH) for a SAFE and SANE exam. The facility maintains a partnership with the local Nebraska Coalition to End Sexual and Domestic Violence in Lincoln. The center will provide victim advocacy services to any offender victim of sexual assault. All medical and mental health staff have received specialized medical and mental health training relative to Sexual Assault. During staff interviews, it was noted that each staff member received necessary training and was familiar with the facility/agency zero tolerance policy regarding Sexual Assault. Interviews of staff and offenders were conducted on April 12th and continued on April 13th. The audit team conducted 20 offender interviews and 24 staff interviews. Offender from each housing unit were interviewed, as well as all categories of offenders as required. Additional documentation review was conducted and close out meeting concluded audit on April 13th. The facility was well prepared for the audit and staff were courteous and helpful throughout the audit process.

### DESCRIPTION OF FACILITY CHARACTERISTICS

The facility is located in York, Nebraska and houses medium, minimum and maximum security, adult female offenders. The population during the time of the audit consisted of 343 adult female offenders. The average age range is 19-62, with no offenders under the age of 18 were housed at the facility at this time. The facility has thirteen buildings and three single cell housing units. The facility has four units with multiple occupancy cell capability. Cameras are located throughout the facility.

Number of standards exceeded: 3

Number of standards met: 41

Number of standards not met: 0

115.11	ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
This standard was met and policy AR 203.11 clearly demonstrates zero tolerance of sexual abuse and harassment. The agency recently hired a new PREA Coordinator and the facility has designated PREA Compliance Manager. Both parties stated they have sufficient time to complete necessary tasks related to PREA activities.	

115.12	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
There were seven contracts on an agency level with private entities noted. I was able to speak with agency level contract personnel to inquire about procedure; all necessary components of standard are currently being met. All language regarding PREA is included in contractual agreement.	

115.13	SUPERVISION AND MONITORING
<input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
This standard was met through the compilation of several documents, specifically the Institutional Emergency Preparedness Risk Assessment with supporting documentation from PREA Risk Assessment, staff rosters, , etc.. The staff was very knowledgeable about the needs of the staffing plan and were very diligent with the frequent review of the staffing plan. The staff provided copies of random housing unit log books for a period of at least three months that clearly documents the presence of supervisors via unannounced rounds. Throughout interviews both staff and offender, it was evident that the supervision and monitoring of the offenders at this facility is a priority to all staff involved.	

115.14	YOUTHFUL INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	

Although the facility did not have any offenders designated as youthful offenders at the time of the audit, it was determined that housing youthful offenders could be a possibility given the diagnostic aspect of the facility. During the onsite portion of the audit, there was not a specific plan in place for youthful offenders. Due to the likelihood of NCCW housing a youthful offender in the near future and having no plan for compliance in place, this standard was initially found to be non compliant. Before exiting the facility, the audit team and the facility administration identified an area that would be the best to house the youthful offenders. The facility also presented the Agency Capital Construction plan that includes construction of a separate housing unit specifically for the youthful offenders. Since the conclusion of the on site portion of the audit, the facility has developed an institutional policy specific to Reception, Housing, Classification and Programming of Youthful Offenders. The facility policy clearly outlines the staff training necessary, classification of youthful offenders, housing and program placement. The facility has demonstrated compliance of this standard within the thirty day interim period. There is a plan in place, staff in process of being trained and future plans for expansion specific to the needs of the youthful offender population.

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

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

NCCW staff does not conduct cross gender strip or body cavity searches. No cross gender strip, body cavity or pat searches had been conducted in the past 12 months. Staff of the opposite gender are required to announce their presence upon entering a housing unit/living area.. Transgender inmates are not searched for the sole purpose of determining genital status, and all staff are trained to conduct cross gender pat searches in a respectful manner while still keeping security needs in mind. One recommendation was made to document announcement in log book when opposite gender in present.

115.16	INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT
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- Exceeds Standard (substantially exceeds requirement of standard)  
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
 Does Not Meet Standard (requires corrective action)

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

NDCS employs full-time Spanish interpreters. Agency utilizes interpreter service for all other non English speaking inmates. The information presented to audit team demonstrates compliance with this standard.

115.17	HIRING AND PROMOTION DECISIONS
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- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

NCCW does not hire or promote individuals who have engaged or been convicted of sexual abuse/assault in a confinement setting or in the community, or who have been civilly adjudicated of such an incident. Occurrences of sexual harassment are taken into consideration when determining whether or not to promote a staff member. Potential employees undergo a thorough background check, as do contractors who may have contact with inmates. Background checks are conducted every five years on current employees. Potential employees are asked about any prior incidents of sexual abuse/assault with the understanding omitting or falsifying information may result in termination..

115.18

UPGRADES TO FACILITIES AND TECHNOLOGY

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

There has been no modification to facility since implementation of standard. Video equipment installed and operating appropriately.

115.21

EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

All criminal investigations are completed by NDCS Criminal Investigators or the Nebraska State Patrol. Forensic exams are conducted off-site by SANEs and provided at no cost to the victim. Victim advocates are available to inmate victims.

115.22

POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

All allegations meeting PREA criteria are investigated, either internally (administrative) or externally

(criminal). All allegations within the past 12 months were investigated. The NDCS website provides information regarding the responsibility to investigate criminal allegations

115.31 EMPLOYEE TRAINING

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

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

All staff interview were very knowledgeable and reflected understanding of institutional PREA training. Policies were compliant with standard and documentation of training curriculum and training records were provided. It was evident through interviews, curriculum viewed and observation of staff that NCCW makes employee training a priority regarding offender safety and PREA related issues.

115.32 VOLUNTEER AND CONTRACTOR TRAINING

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

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

Documentation provided demonstrates all Volunteers and Contractors are adequately trained in PREA.

115.33 INMATE EDUCATION

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

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

Inmates are adequately trained regarding PREA. Agency provides inmates different formats relative to their language and/or physical needs. All inmates are trained upon arrival at NCCW. Posters were visible throughout the entire prison grounds.

115.34 SPECIALIZED TRAINING: INVESTIGATIONS

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

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

The investigative training curriculum is very thorough and specific to PREA duties. Investigators complete training specific to conducting PREA investigations. The training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria required to substantiate an administrative case. Documentation is maintained showing staff attended the training. All investigators will knowledgeable of their responsibilities and procedures regarding PREA.

115.35 SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE

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

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

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

115.41 SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS

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

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

The offenders are assessed upon arrival at the facility using the potential for sexual assault/victimization screening instrument. The screening tool is completed in compliance with the standard and the scoring procedure accurately depicts if an offender is designated as a potential victim. In accordance with policy, offenders are rescreened within 30 days of arrival for vulnerability assessment. The classification form is reviewed periodically to ensure offenders are housed appropriately.

115.42 USE OF SCREENING INFORMATION

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

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

The information gathered from the screening tool that is being completed is used appropriately as

mandated by the standard. The facility procedures and policies are in compliance with this standard. Information from screening is used when placing inmates in housing, work or programming assignments. Any housing/programming for transgender inmates is decided on a case-by-case basis; policy is in place ensuring placement of transgender and intersex inmates is reviewed at least twice each year. Policy also ensures transgender inmates' own views regarding their safety will be given consideration and they are given the opportunity to shower separately.

115.43      PROTECTIVE CUSTODY

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

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

The policy and practice are in compliance with this standard. At the time of the audit, the facility did not have any offender in Protective Custody for reasons associated with PREA. There is a segregation review form that will be used in the event an offender is placed in involuntary segregation based on a PREA incident.

115.51      INMATE REPORTING

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

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

Policy and practice are in compliance with this standard. Information on reporting was visible and adequately accessible to all offenders. Inmates have multiple methods to report allegations of abuse/harassment. During interviews, all inmates were aware of how they could report an incident. Inmates have both an outside reporting mechanism and an anonymous hotline available to them. Staff are required to accept all reports, and expressed understanding of this policy during interviews. Staff were also aware they could call a reporting hotline in order to report an allegation privately.

115.52      EXHAUSTION OF ADMINISTRATIVE REMEDIES

INMATE R

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

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

All policies and procedures are in compliance with this standard.



115.53	INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES	INMATE R
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>Inmates have access to outside victim support services. The provider of these services was interviewed and was able to clearly articulate procedures for assisting incarcerated victims. Flyers and posters, observed during the tour, were also readily available at the facility. Inmates understand the confidentiality requirements of these services</p>		

115.54	THIRD-PARY REPORTING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>This has been implemented by publication on the NDCS website. This standard is in compliance.</p>	

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

115.62	AGENCY PROTECTION DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>Agency has in place policies and procedures for immediate action to protect offenders from sexual abuse. All staff were extremely knowledgeable regarding agency protection duties.</p>	

115.63	REPORTING TO OTHER CONFINEMENT FACILITIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
All policies and practices are in compliance with this standard. Facility provided auditor with documentation to demonstrate compliance with the standard.	

115.64	STAFF FIRST RESPONDER DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The policy and procedures reflect staff responder duties. Staff was extremely knowledgeable regarding staff first responder duties.	

115.65	COORDINATED RESPONSE
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The facility has an institutional specific coordinated action plan that is included in the annual PREA Assessment. This plan is thorough and meets all requirement of the standard.	

115.66	PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Policy reflects compliance with this standard. NCCW has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012.	

115.67	AGENCY PROTECTION AGAINST RETALIATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	

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

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

The facility is in compliance with this standard and monitors for retaliation in a timely and effective manner. Multiple protection measures are employed. Staff and inmates are monitored for a minimum of 90 days but will be extended if necessary.

115.68 POST-ALLEGATION PROTECTIVE CUSTODY

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

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

The facility has procedures in place to comply with this standard. There have been no incidents in the past 12 months in which protective custody was needed for PREA reasons. Existing policy prohibits placing inmates who allege they suffered sexual abuse in involuntary protective custody unless no other reasonable means to ensure safety can be determined.

115.71 CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS

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

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

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

115.72 EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS

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

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

The agency has policies in place that meet requirements of this standard. Policies ensure the preponderance of evidence is the standard of proof in determining the outcome of an allegation.

115.73 REPORTING TO INMATES

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

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

The offender is notified in writing of the outcome of a PREA investigation. The notification process is detailed and covers all requirements of the standard. The procedure in place is in compliance with this standard.

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

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

All procedures regarding staff discipline is outlined in policy and referenced in training. Practices indicate the standard is being followed.

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

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

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

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

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

Inmates are subject to discipline for perpetrating sexual abuse and harassment. Sanctions are commensurate with past history, the nature of the offense and comparable sanctions given to other inmates for the same type of misconduct, along with consideration to an inmate's mental health status, including the consideration of therapy. Inmates are not disciplined for having sexual contact with staff, unless the staff member did not consent to the contact. Inmates are not disciplined for making reports in good faith, even if the allegation is determined to be unfounded.

LCC policy does prohibit consensual sexual contact/activities between inmates

115.81

MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE

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

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

All documentation provided proves compliance with the requirements of this standard. Inmates are offered a follow-up meeting with medical or mental health staff within 14 days if they disclose prior sexual victimization or perpetration during risk screening. Information is kept as confidential as possible, with information shared for the purpose of housing/living, programming and work assignments. The documentation provided indicated offenders who have been involved in a PREA allegation are monitored adequately by mental health staff.

115.82

ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES

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

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

Facility has excellent coverage for medical and mental health services. Inmates have adequate access for emergency services in accordance with this standard. Inmate victims receive timely access and information regarding treatment and available treatment options, including emergency contraception and sexually transmitted infections. All treatment is provided at no cost to the inmates

115.83

ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS

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

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

The facility meets all requirements as mandated by this standard. All inmate victims, regardless of whether abuse occurred at NCCW or another confinement facility, are offered medical and mental health evaluations, including testing for sexually transmitted infections. Such treatment includes plans for follow-up care in the event they are transferred to another facility or released from custody. If circumstances require, inmates may receive pregnancy tests if they choose. All treatment is provided at no cost to the inmates.

115.86

SEXUAL ABUSE INCIDENT REVIEWS

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

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

The facility conducts Sexual Abuse Incident Reviews with qualified team of staff. All policies and procedures indicate standard is being met. The cases are reviewed with 30 days of the investigation and all factors of the standard are met through review meeting.

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

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

The agency maintains adequate records of data in order to meet compliance with this standard. Data is collected and aggregated annually and the Survey of Sexual Violence is submitted within the time frame outlined by the governing agency of that form.

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

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

The information on the annual report is readily available to the public on the NDCS website so that information. The standard is met through publication of information via agency website

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

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

This information is available on NDCS website and is accessible to the public per the requirement of the standard.

SUMMARY OF AUDIT FINDINGS:

The auditors were impressed at the work being completed at both the agency and facility level. All staff interviewed were very knowledgeable, particularly with their knowledge of policies and procedures and first responder duties. PREA information and posters were readily available for offenders. The staff was eager to speak of their knowledge and zero tolerance policy regarding PREA. It is obvious that staff maintain a genuine respect for Warden Skrobecki. All staff from administrative staff to line staff appear to have a dedication to working as a team to meet the requirements of PREA. It was clear that PREA is a priority and staff are dedicated to the safety of offenders, staff, visitors and the public.

AUDITOR CERTIFICATION:

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

*Michele Danzot*

*5-31-2016*

\_\_\_\_\_  
Auditor Signature

\_\_\_\_\_  
Date