

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

Interim       Final

Date of Report    7/29/19

## Auditor Information

|  |   |
|--|---|
| Name: Dorothy Xanos  | Email: dorothy.xanos@truecorebehavioral.com |
| Company Name: TrueCore Behavioral Solutions LLC                |   |
| Mailing Address: 3109 W. Dr. Martin Luther King Jr. Blvd. #650 | City, State, Zip: Tampa, Florida 33607      |
| Telephone: (813) 918-1088                                      | Date of Facility Visit: 7/15/19 – 7/16/19   |

## Agency Information

|   |  |   |   |
|---|--|---|---|
| Name of Agency:<br>Nebraska Department of Correctional Services | Governing Authority or Parent Agency (If Applicable):<br>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                                   |   |   |
| The Agency Is:  | <input type="checkbox"/> Military  | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal                              | <input type="checkbox"/> County  | <input checked="" type="checkbox"/> State   | <input type="checkbox"/> Federal                |

Agency Website with PREA Information: [Click or tap here to enter text.](#)

## Agency Chief Executive Officer

|                                  |                           |
|----------------------------------|---------------------------|
| Name: Scott Frakes               |                           |
| Email: scott.frakes@nebraska.gov | Telephone: (402) 471-2654 |

## Agency-Wide PREA Coordinator

|   |   |
|---|---|
| Name: Danielle Reynolds   |   |
| Email: danielle.reynolds@nebraska.gov                                       | Telephone: (402) 479-5660   |
| PREA Coordinator Reports to:<br>Mark Rumery – Agency Security Administrator | Number of Compliance Managers who report to the PREA Coordinator:<br>10 |

## Facility Information

**Name of Facility:** Community Corrections Center of Omaha

**Physical Address:** 2320 East Avenue J

**City, State, Zip:** Omaha, Nebraska 68110

**Mailing Address (if different from above):**  
Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** <https://corrections.nebraska.gov>

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
External audit is scheduled for September 2019

### Facility Director

**Name:** Ryan Mahr

**Email:** ryan.mahr@nebraska.gov

**Telephone:** (402) 595-2010

### Facility PREA Compliance Manager

**Name:** David Erickson

**Email:** David.erickson@nebraska.gov

**Telephone:** (402) 595-2010

**Facility Health Service Administrator**  N/A

**Name:** Jeffrey Phelps

**Email:** jeffrey.phelps@nebrask.gov

**Telephone:** (402) 595-3964

### Facility Characteristics

|   |   |  |
|---|---|--|
| Designated Facility Capacity:   | 90  |  |
| Current Population of Facility:   | 161   |  |
| Average daily population for the past 12 months:  | 167   |  |
| Has the facility been over capacity at any point in the past 12 months?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Which population(s) does the facility hold?   | <input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males  |  |
| Age range of population:  | 18-85   |  |
| Average length of stay or time under supervision  | 4.12 years  |  |
| Facility security levels/resident custody levels  | Community A & B   |  |
| Number of residents admitted to facility during the past 12 months  | 287   |  |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:   | 287   |  |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:  | 278   |  |
| Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| <p><b>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</b></p> | <input type="checkbox"/> Federal Bureau of Prisons<br><input type="checkbox"/> U.S. Marshals Service<br><input type="checkbox"/> U.S. Immigration and Customs Enforcement<br><input type="checkbox"/> Bureau of Indian Affairs<br><input type="checkbox"/> U.S. Military branch<br><input type="checkbox"/> State or Territorial correctional agency<br><input type="checkbox"/> County correctional or detention agency<br><input type="checkbox"/> Judicial district correctional or detention facility<br><input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail)<br><input type="checkbox"/> Private corrections or detention provider<br><input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a><br><input checked="" type="checkbox"/> N/A |  |
| Number of staff currently employed by the facility who may have contact with residents:   | 39  |  |
| Number of staff hired by the facility during the past 12 months who may have contact with residents:  | 6   |  |

|   |   |
|---|---|
| Number of contracts in the past 12 months for services with contractors who may have contact with residents:  | 0   |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility:   | 0   |
| Number of volunteers who have contact with residents, currently authorized to enter the facility:   | 36 volunteers   |
| <b>Physical Plant</b>   |   |
| <p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>  | 3   |
| <p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p> | 1 (3 wings, one female, one male for work release inmates and one male for work detail inmates) |
| Number of single resident cells, rooms, or other enclosures:  | 0   |
| Number of multiple occupancy cells, rooms, or other enclosures:   | 1   |
| Number of open bay/dorm housing units:  | 0   |
| Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                             |
| Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                             |

## Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?  Yes  No

Are mental health services provided on-site?  Yes  No

Where are sexual assault forensic medical exams provided? Select all that apply.

On-site

Local hospital/clinic

Rape Crisis Center

Other (please name or describe: [Click or tap here to enter text.](#))

### Investigations

#### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment: 2 criminal investigators

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

Facility investigators

Agency investigators

An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

Local police department

Local sheriff's department

State police

A U.S. Department of Justice component

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

#### Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment? 110 agency/3 facility

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply

Facility investigators

Agency investigators

An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

Local police department

Local sheriff's department

State police

A U.S. Department of Justice component

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

# 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 Community Corrections Center of Omaha was conducted on July 15-16, 2019 by Dorothy Xanos, US DOJ Dual Certified PREA Auditor. The audit begins with the notification of the on-site audit that was posted by June 3, 2019, six weeks prior to the date of the on-site audit. The facility's last PREA audit was on June 13, 2016. The posting of the audit notices both English and Spanish versions was verified during the tour and verified by photographs received on the USB flash drive from the Nebraska Department of Correctional Services (NDCS) PREA Coordinator (PC). The audit notices explained correspondence would be treated as legal mail to ensure confidentiality and privacy. The photographs indicated notices in both English and Spanish versions were posted in various locations throughout the facility including the administration area, day room, visitation area, and the three (3) wings located in the housing unit. Throughout all of the audit phases, the auditor did not receive any communication from the staff or from inmates as a result of the posted notices.

The auditor completed a documentation review using the Pre-Audit Questionnaire, policies, procedures, internet research, and supporting documentation for all thirty-nine (39) standards. The information necessary for the audit was provided on a secure USB flash drive received by June 17, 2019 and this format enabled the auditor to easily review relevant information. The documentation uploaded to the secure USB flash drive was set up with folders for each standard and the information was organized, highlighted and easy to navigate, however the information in-regards to the Pre-Audit Questionnaire and supporting documentation did not sufficiently address fourteen (14) standards. Additional folders reviewed included the agency's and facility's mission statements, daily population reports for the past twelve (12) months, and the facility's schematics. The supporting documentation for the fourteen (14) standards was provided to the auditor during the on-site and after the on-site visit to the facility.

A conference call was conducted on July 8, 2019 with the Corrections Warden and Corrections Assistant Warden/PREA Compliance Manager (PCM) to review the schedule for the on-site visit, discuss the auditor's results of the Pre-Audit Questionnaire and supporting documentation provided on the secure USB flash drive and review information to be sent to the auditor prior to the on-site visit. The NDCS PREA Coordinator sent the documentation (staff roster, staff schedule for random and specialized staff) to the auditor prior to arrival to the facility. Also, supporting documents were provided during the on-site visit to address the deficiencies and are summarized in this report under the related standards.

The on-site audit was conducted on July 15-16, 2019. An entrance briefing was conducted with the Corrections Warden, Corrections Assistant Warden/PREA Compliance Manager (PCM), and NDCS PREA Coordinator. During the entrance briefing, the audit process was explained and a tentative schedule for two (2) days to include conducting interviews with the staff and inmates and reviewing the documentation. A complete guided tour of the entire facility was conducted on the first day including

the administrative and program offices, kitchen/dining area, multipurpose/living/visitation area, and the three (3) wings located in the housing unit.

Also, during the tour, inmates were observed to be under constant supervision of the staff while involved in various activities. 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 and report sexual abuse and sexual harassment and to call the victim advocate for emotional support services. The auditor reviewed the logbooks that contained PREA related documentation (unannounced rounds) and observed cameras and the video surveillance system which enhances their capabilities to assist in monitoring blind spots and the review of incidents. During the facility tour, there was one (1) area (kitchen) identified as having a blind spot. A procedure will need to be implemented as to how this area will be supervised or utilize some form of enhanced supervision. Since the on-site visit, this area was corrected. The auditor was provided with the documentation (picture) confirming the correction had been completed. The NDCS PREA Coordinator sent the documentation to this auditor prior to the submission of this report. There were no cameras installed in all three (3) shower/toileting areas so inmates are not seen on the surveillance system while showering or toileting. During the tour, it was observed all three (3) shower/toilet areas in the three (3) wings located in the housing unit allowed for privacy.

During the two (2) day on-site visit, there were a total of one hundred sixty-one (161) inmates in the facility. Twenty-five (25) male and female inmates were randomly selected from all three (3) wings of the housing unit with an inmate list provided by the Corrections Assistant Warden/PCM for the interview process. However, eighteen (18) inmates were formally interviewed and the other seven (7) inmates had left for their work release site. The facility did not have any inmates identified in the required categories i.e. an inmate who is Limited English Proficient (LEP); youthful inmate; physical disability (Blind, Deaf or Hard of Hearing); Lesbian, Gay or Bi-sexual; Transgender or Intersex; inmate in restricted housing for high risk of sexual victimization; inmate with a cognitive disability; who reported sexual abuse and who reported sexual victimization during risk screening. All inmate interviews indicated they were well informed of their right to be free from sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment using several ways of communication such as trusted staff, administrative staff, the hot line and the grievance process. Also, random file reviews of medical and inmate records and additional documentation were completed as well.

The community victims' advocacy service and telephone number are available to the inmates located throughout the facility. There is evidence of NDCS Director obtaining a Memorandum of Understanding with the Nebraska Coalition to End Sexual & Domestic Violence dated 7/20/18 to provide free confidential crisis intervention and emotional support related to sexual abuse or assault inmates and any inmate seeking services calling the toll-free telephone number and forensic medical examinations at no financial cost to the victim. Also, Methodist Hospital for Women (SANE certified) provides forensic medical examinations at no financial cost to the victim. Nebraska University Hospital provides the emergency services at no financial cost to the victim. Also, the auditor met with the Prison Advocacy Coordinator from the Coalition prior to the on-site visit at another facility. She indicated there have been no calls from inmates in the past twelve (12) months requesting emotional support services related to sexual abuse or sexual assault at this facility.

Twenty (20) staff were formally interviewed including (9) staff from three (3) shifts (supervisory and floor staff), (2) medical and mental health staff, (1) first responder, Corrections Warden/incident review team staff, Corrections Assistant Warden/PREA Compliance Manager/staff charged with monitoring retaliation, (1) upper level management/non-medical staff/cross gender, teacher (other state department), human resources, facility investigator, (2) risk screening and intake staff, and were

interviewed during both days of 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 sexual abuse and/or sexual harassment.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the Corrections Warden, Corrections Assistant Warden/PREA Compliance Manager (PCM), Administrative Assistant, (2) Unit Case Managers, and NDCS PREA Coordinator. At the exit debriefing, the auditor gave an overview of the audit and commented on the on-site observations, interviews, and summarized the strengths and weaknesses after completing the Pre-Audit and On-Site Audit phases. Based on the findings during the Pre-Audit and On-Site Audit phases, the auditor still needed to complete the full evaluation during the evidence review phase of the PREA audit by reviewing all evidence collected, including policies and procedures, observations of routine practices in the facility, what the auditor learned in the course of interviewing staff and inmates, and documentation obtained while on-site in order to make a compliance determination for each standard resulting in a final report. After further review, it was discussed additional documentation was required for seven (7) standards and it was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the NDCS/PREA Coordinator 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 Community Corrections Center of Omaha (CCC-Omaha) is a community based correctional facility located in Omaha, Nebraska and governed by the Nebraska Department of Correctional Services. This facility was established in 1985. The facility houses both male and female inmates who are classified at community custody level for work detail assignments and placement for community employment. The CCC-Omaha's staff prepares inmates for transition by providing incentives for inmate individual treatment needs, develop employment skills through on the job training, educational or vocational opportunities. The current designed capacity of the facility is 90 male and female inmate beds located in three (3) separate wings of a housing unit. The average age of the male and female inmates is between 18-85 years old. There were one hundred and sixty-one (161) male and female inmates at the facility at the time of the on-site visit. Also, the facility is accredited through the American Correctional Association (ACA).

Community Corrections Center of Omaha has three (3) buildings, administration/program and the housing unit with three (wings). The main building is a secure entrance into the lobby area with administrative and program offices, visitation area, multi-purpose area, kitchen/dining area, laundry area, food service area (freezer, refrigerator, and dry goods/food storage), maintenance, and outdoor recreational area. The facility has an outdoor recreation area with a basketball court, exercise/weight area, horseshoe, walking track, tables/chairs/picnic tables and garden area. The housing unit is separated into three (3) wings. There is a female wing with a dayroom, shower/bathroom area and six

(6) bedrooms with four (4) bunk beds, two (2) desks and chairs. The other two (2) male wings have a dayroom, shower/bathroom area and forty (40) bedrooms with four (4) bunk beds, TV stand, desk and chair. Each wing has a laundry area.

Community Corrections Center of Omaha is staffed with thirty-nine (39) full-time, part-time and one (1) education staff, with various groups of volunteers providing religious services to inmates. Also, the facility utilizes the medical and mental health staff from their other facility, Omaha Correctional Center. The staff consisted of: Corrections Warden, Corrections Assistant Warden/PREA Compliance Manager (PCM), (2) Corrections Sergeants, (12) Corrections Corporals (Road Crew, Transportation and Grounds), (7) Corrections Unit Case Managers, (10) Corrections Unit Case Workers, (6) other staff (accounting, administrative, and maintenance).

The medical staff consists of a full-time Registered Nurse provided by the Omaha Correctional Center. The 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 is available to provide medical services for the inmates. All inmates are seen by a physician upon arrival to the facility. Additionally, the Health Authority supervises the on-site registered nurse who is responsible for coordination of the medical services. The nurse provides the 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, 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 at the Omaha Correctional Center and consist of dental care, cleaning, education, and treatment fillings to extractions. All inmates are seen by the dental staff at least annually for a wellness check. Mental health services are provided by one of the Omaha Correctional Center mental health clinician on weekly basis on a case-by-case basis. 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. The mental health staff is available for crisis intervention and mental health programming. Emergency services and forensic examinations are conducted at Nebraska University Hospital and Methodist Hospital for Women.

Academic and vocational education is provided at the facility. Inmates are assigned a part-time job as a student through the Adult Education program which includes Adult Educational (AE) instruction for the GED test, Adult Basic Education (ABE), English Language Learners (ELL). Inmates 22 and under, who do not have a verified educational degree, are required to attend High School or Adult Education. Also, classes are offered in money management, resume writing, job skills, data entry type training, and building positive relationships.

Religious services are offered at the facility and inmates have the opportunity to participate in the practices of their religious faith.

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

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

## Standards Exceeded

**Number of Standards Exceeded:** 2

**List of Standards Exceeded:** 115.211 & 115.231

## Standards Met

**Number of Standards Met:** 37

## Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** [Click or tap here to enter text.](#)

## PREVENTION PLANNING

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

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 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. Community Corrections Center of Omaha's Operational Memorandum Policy #23.11.001 (Sexual Assault/Abuse) revised 3/31/19 reflects the facility's specification of how they will respond to sexual allegations and the notification procedures followed for reports of sexual allegations.

Nebraska Department of Correctional Services has a designated PREA Coordinator and she reports directly to the NDCS Agency 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 PREA Coordinator is responsible for coordinating comprehensive PREA responses including technical and administrative guidance, creation of supporting policies and practices, interpretation relative to PREA implementation, design and modification of training, programming, investigation and analysis, ensuring proper reporting, trend evaluation and provision of recommendations for improvement and compliance.

Community Corrections Center of Omaha's Corrections Assistant Warden is designated as their PREA Compliance Manager indicated he has sufficient time, authority to develop, implement and to oversee the facility's PREA compliance efforts to comply with the PREA standards and perform other duties as assigned. The agency's, facility's organizational chart and memorandum support the requirement of this standard. Based on the randomly selected and specialized staff and inmate interviews, the extensive staff training, the resources available to the facilities, 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. 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.

The facility has a PREA reference binder located at the control/desk area of the facility containing the reporting process and forms for the facility staff in the event of an incident. Overall, the auditor has determined the agency and the facility have substantially exceeded the requirements of this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observations:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- Nebraska Department of Correctional Services (NDCS) Policy #200.02 (NDCS Agency: Administration, Organization and Management)
- Community Corrections Center of Omaha's Operational Memorandum Policy #23.11.001 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Coordinator Designation and Qualifications
- Facility PREA Compliance Manager Designation and Qualifications
- Agency/Department Organization Chart
- Facility Organization Chart
- PREA Coordinator and PREA Compliance Manager Interviews

## Standard 115.212: Contracting with other entities for the confinement of residents

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

#### 115.212 (a)

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

#### 115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

#### 115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 describes when the department contracts for the confinement of inmates with other entities, including other government agencies, any new contract or contract renewal will include the contractor's obligations to adopt and comply with all federal, state, and local laws, regulations and ordinances including the Prison Rape Elimination Act (PREA).

A review of the Pre-Audit Questionnaire (PAQ) confirmed NDCS has seven (7) contracts for the confinement of inmates the agency entered into with private entities or other government agencies on or after August 20, 2012. NDCS has entered into/renewed seven (7) County Jail agreements for the confinement of inmates (committed felons and misdemeanants) in the past twelve (12) months and effective through June 30, 2020. A review of all seven (7) County Jail agreements contained the contractor's obligations to adopt and comply with the DOJ PREA Standards. Also, the agreements contained the information the County will ensure a PREA Audit is conducted by a certified DOJ PREA auditor and a copy of the report will be provided to NDCS. 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.

Therefore, based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, and Interview:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Agreements for confinement
- PREA Coordinator Interview

## **Standard 115.213: Supervision and monitoring**

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

#### **115.213 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### 115.213 (b)

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

### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19; Policy #112.09 (Essential Staffing Continuum) revised 4/30/17; Community Corrections Center of Omaha's Operational Memorandum Policy #23.11.001 (Sexual Assault/Abuse) revised 3/31/19 and CCC-Omaha's (Facility Annual PREA Assessment) dated 2018 contained the required information identifying requirements for the facility to develop a staffing plan to provide for departmental adequate staffing levels to ensure the safety and custody of inmates against sexual abuse or sexual harassment, physical plant, video monitoring, and addressed all eleven (11) categories as identified per the standard. 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 staff tour logs and check sheets that contains observations of all areas of the facility.

NDCS's staff review, approve, and sign annual staffing plans for all facilities statewide. CCC-Omaha's staffing plan was reviewed, approved, and signed in 2018. Documentation indicated the staffing plan is reviewed on an annual basis and the facility did not have any deviations from the staffing plan during the past twelve (12) months, their critical positions are always filled, it is a mandate. This review shall assess, determine, and document whether adjustments are needed to the facility's established staffing plan, the facility's deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing plan. Identified the requirement of unannounced rounds to be conducted by an intermediate-level and higher-level supervisor and conduct these unannounced rounds on a daily basis. These unannounced rounds must be conducted during all shifts. Supervisors are prohibited from notifying staff of unannounced rounds. Staff assigned to any post is prohibited from alerting other employees that a Supervisor is conducting rounds to identify and deter sexual abuse and sexual harassment.

The Corrections Warden's and Corrections Assistant Warden/PCM interviews, staff interviews and documentation confirmed the Warden is responsible to conduct an annual review of the staffing plan to ensure all areas were addressed including components such as the facility's physical plant, composition of the inmate population, number and placement of supervisory staff, programming schedules, video monitoring, training, to name a few. Also, the Corrections Warden's interview indicated he had reviewed and approved of the process for all supervisory staff (Captains, Lieutenants and Sergeants) 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, staff tour logs and check sheets.

During the facility tour, the auditor observed and reviewed the staff tour logs, where unannounced rounds were documented including the staff identification, date and time. Also, a review of the samples provided by the facility of random dates and the housing unit (3 wings) showed there is a minimum of one (1) unannounced round conducted monthly by upper or middle management staff; however, the majority show unannounced rounds conducted daily. In addition, during the facility tour, there was one (1) area (kitchen) identified as having a blind spot. A procedure will need to be implemented as to how this area will be supervised or utilize some form of enhanced supervision. Since the on-site visit, the kitchen area was corrected and this auditor was provided with documentation (picture) confirming the correction had been completed. The NDCS PREA Coordinator sent the documentation to the auditor prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

## Policy and Supporting Documents Reviewed, Interviews and Observation:

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- Nebraska Department of Correctional Services (NDCS) Policy #112.09 (Essential Staffing Continuum)
- Community Corrections Center of Omaha's Operational Memorandum Policy #23.11.001 (Sexual Assault/Abuse)
- 2018 CCC-Omaha's (Facility Annual PREA Assessment)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Facility Staff Work Schedules
- Daily Population Report for the past twelve (12) months
- The facility's staffing reports, staff tour logs and check sheets
- Corrections Warden, Corrections Assistant Warden/PCM and intermediate or higher level facility staff interviews

## Standard 115.215: Limits to cross-gender viewing and searches

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

#### 115.215 (a)

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

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)  
 Yes  No  NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.)  Yes  No  NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents).  Yes  No  NA

#### 115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.215 (f)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*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.*

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 and Community Corrections Center of Omaha's Operational Memorandum Policy #23.11.001 (Sexual Assault/Abuse) revised 3/31/19 requires that inmates shall be permitted 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 incident to routine dormitory checks. Requires cross gender frisk searches of transgender and intersex inmates will be conducted in a professional and respectful manner and in the least intrusive manner consistent with security needs. Requires that the opposite gender staff shall announce their presence when entering an inmate housing unit. Also, the policy indicated any cross-gender searches are required to be documented.

Random staff interviews indicated staff of the opposite gender entering the three (3) wings, located in the housing unit specifically the shower/bathroom areas would consistently announce themselves. However, inmate interviews indicated staff of the opposite gender did not consistently announce themselves when entering the three (3) shower/bathroom areas. Documentation of opposite gender announcements are documented in the staff tour logs. During the facility tour, it was observed staff of the opposite gender announce their presence when entering the three (3) wings of the housing unit. A review of the training documentation (curriculum and staff rosters) and staff interviews confirmed receiving the annual training on pat down searches, cross-gender pat searches and searches of transgender and intersex inmates 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.

Random staff and inmate interviews confirmed inmates can shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. 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 all three (3) shower/toilet areas located in the three (3) wings of the housing unit did allow for privacy. There has been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of inmates at the facility 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 at the facility in the past twelve (12) months.

After the on-site visit, staff were re-trained on the NDCS policy on prohibiting staff from searching or physically examining a transgender or intersex inmate for the purpose of determining inmate's genital status and how staff of the opposite gender announce themselves when entering the three (3) shower/bathroom areas located in the three (3) wings. The NDCS PREA Coordinator sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report. Based on the review of the agency policy and procedures, observations and information obtained through staff and inmate interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)

- Community Corrections Center of Omaha's Operational Memorandum Policy #23.11.001 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Facility Staff Tour Logs
- NDCS Staff Training Academy Outline – Searches
- NDCS Trainer Power Point (Searches) including how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates
- 2018 – 2019 Training Transcripts
- Random staff and inmate interviews
- Facility Shift Rosters
- Pre-Audit Questionnaire review - In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of inmates reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident's genital status was zero.
- Re-training documentation (agenda, curriculum and sign-in sheet)

## Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

#### 115.216 (a)

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

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*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.*

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 contained procedures to be taken to ensure inmates with disabilities or who are limited English proficient have an equal opportunity to participate in or are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and sexual harassment. Efforts shall include the use of interpreters, written material, or other formats or methods that ensure effective communication with inmate's disabilities, including inmates who have intellectual disabilities, limited reading skills, who are blind or have low vision, deaf, or are Limited English Proficient (LEP). Also, the policy prohibits any facility to rely on inmate interpreters, inmate readers or any kind of inmate assistants except in limited circumstances when an extended delay in obtaining interpreter's services could compromise an inmates' safety, the performance of first-responder duties or the investigation of the inmate's allegations.

Community Corrections Center of Omaha's Unit Case Workers and Unit Case Managers have access to interpreter services through the Department and have an interpreter assigned to the facility to provide inmates who are limited English proficient on an as needed basis. There are postings throughout the facility in English and Spanish. Staff training documentation, power point, brochure, and inmate PREA orientation packet contained information on providing appropriate explanations regarding PREA to inmates based upon their individual needs. The facility's intake staff provides the PREA education at intake, during orientation and documents the information on a classification form.

Random staff interviews confirmed their knowledge of the outside agencies providing services to the facility and indicated they would not rely on the use of inmate assistants in relation to reporting allegations of sexual abuse or sexual harassment except in limited circumstances when an extended delay in obtaining interpreter's services could compromise an inmates' safety, the performance of first-responder duties or the investigation of the inmate's allegations. During the on-site visit, there were no inmates who were limited English proficient, or who were blind, deaf, or hard of hearing, or who had a cognitive disability. Interviews with the NDCS PREA Coordinator and CCC-Omaha's Assistant Warden/PREA Compliance Manager indicated that if an inmate exhibits such a disability, arrangements will be made to provide the necessary and required assistance. Also, the Unit Case Workers and Unit Case Managers indicated services are required and they would make the necessary accommodations beginning at the intake and orientation phase and throughout the inmate's length of stay. 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.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation and the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Language Line services
- 2018 – 2019 Training Transcripts
- 2018 & 2019 NDCS PREA Training – power point & study guide & test
- NCDS PREA Refresher Training curriculum
- NDCS What You Need To Know About Sexual Assault brochure (English and Spanish)
- NDCS Sexual Assault Awareness brochure
- NDCS Sexual Assault Orientation form & CCC-Omaha's Orientation Checklist
- Inmate In-House Rules and General Information Handbook
- NCDS PREA Coordinator interview
- Corrections Assistant Warden/PCM interview
- Unit Case Workers and Unit Case Managers interviews
- Random staff interviews

### **Standard 115.217: Hiring and promotion decisions**

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

##### **115.217 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other 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 residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other 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 residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.217 (b)

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

#### 115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior 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

#### 115.217 (d)

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

#### 115.217 (e)

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

#### 115.217 (f)

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

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

#### 115.217 (g)

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

#### 115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an 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.*

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19; Policy #112.03 (Employee Selection Policy) revised 11/30/17; Policy #110.01 (Engineering Project Procedures) revised 4/30/18; Policy #010.06 (Teletype Operations) revised 6/30/18; Policy #112.31 (Code of Ethics) effective 12/31/17 and Nebraska Classified System Personnel Rules and Regulations prohibits NDCS staff to hire or promote anyone for a position that may have inmate contact who has been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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; or civilly or administratively adjudicates to have engaged 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. NDCS shall consider any incidents of sexual abuse in determining whether to hire or promote anyone who may have contact with incarcerated inmates. All background checks are conducted initially on new employees, current and promotion decisions of employees and contractors.

NDCS must ask all applicants and employees who may have contact with inmates directly about previous misconduct noted above in written applications or interviews for hiring or promotions. Requires the information on substantiated allegations of sexual abuse or sexual harassment involving a former employee shall be furnished to any institutional employer in which the employee has applied to work provided the request is written. Requires that a criminal background shall be conducted before hiring new employees who may have contact with inmates and will 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. Requires a continuing affirmative duty for employees to disclose any such conduct. Requires that a criminal background records check is completed prior to enlisting services of any contractor who may have contact with inmates and a criminal background records check is completed at least every five (5) years for current employees and contractors, and annually for sensitive specialist assignments.

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, 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. Any material omission by an employee is subject to termination.

An interview with the facility's Human Resource Manager confirmed the process on the facility performing criminal background checks to consider the pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates, all employees who are considered for promotion and every five (5) years. He advised that personnel staff at the central office have a tracking system to ensure the five (5) year background screening is conducted of all facility employees. Also, the Human Resource Manager indicated new employees documented criminal background checks and the three (3) questions (NDCS Non-Scored Interview 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.

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. A review of the five (5) year background checks of the employees' documentation contained the three (3) questions regarding sexual abuse or sexual activity in an institutional setting, community, or if the staff has been civilly or administratively adjudicated for the same (NDCS Non-Scored Interview Questions). However, the five (5) year background check was not conducted on half of the HR files reviewed.

After the on-site visit, the five (5) year background screenings were conducted on the HR files reviewed by this auditor. Also, a process was re-established to conduct five (5) year background on future staff. The NDCS PREA Coordinator sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report. Based on the review of the agency policy and procedures, observations and information

obtained through staff and inmate interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- Nebraska Department of Correctional Services (NDCS) Policy #112.03 (Employee Selection Policy)
- Nebraska Department of Correctional Services (NDCS) Policy #110.01 (Engineering Project Procedures)
- Nebraska Department of Correctional Services (NDCS) Policy #010.06 (Teletype Operations)
- Nebraska Department of Correctional Services (NDCS) Policy #112.31 (Code of Ethics)
- Nebraska Classified System Personnel Rules and Regulations
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background checks: 6
- Pre-Audit Questionnaire review - In the past 12 months, the number of persons promoted who may have contact with residents who have had criminal background checks: 0
- Pre-Audit Questionnaire review - In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents: 0
- Background checks (NDCS Personnel Information for Security Check)
- NDCS Non-Scored Interview Questions
- NDCS Professional Reference Check
- NDCS Non-Scored Interview Questions
- NDCS PREA Coordinator and Human Resource Manager interviews
- Documentation after on-site (background re-screenings & 5 year background screening process )

### **Standard 115.218: Upgrades to facilities and technologies**

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

##### **115.218 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

##### **115.218 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the

agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### 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.*

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires all designing or acquiring new facilities and in planning substantial expansion or modification of existing facilities to consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect inmates from harm, including sexual abuse. Requires any installing or updating of video monitoring systems, electronic surveillance systems, or other monitoring technology to be considered how such changes may enhance the facility's ability to protect inmates from harm, including sexual abuse.

An interview with the CCC-Omaha's Corrections Warden and documentation review indicated there had been no major modifications or monitoring system upgraded and expanded as part of an overall security controls upgrade to the facility. During the tour, the video surveillance system in the control room area located in both the administrative and restrictive housing buildings 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 administrative staff is continually evaluating the electronic surveillance system and video monitoring.

Based on the review of the agency policy and procedures, observations and information obtained through the interview and documentation, the facility has demonstrated compliance with this standard.

### Policy and Supporting Documents Reviewed, Interviews and Observation:

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Surveillance System Schematic and Diagrams

- Corrections Warden interview

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

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

#### 115.221 (b)

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

#### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.221 (f)

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

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## 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.*

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 and Policy #215.01 (Correctional Investigator's Duties and Reporting of Criminal Activities) revised 6/30/17 requires, when requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. A qualified mental health/counseling staff member or qualified community-based staff member includes an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. Requires a history be taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. There will be no financial cost to the inmate for this examination. Requires an administrative or criminal investigation for all allegations of sexual abuse and sexual harassment and requesting the investigating agency follow the requirements of PREA Standards. Additionally, it requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to investigative agencies.

There is evidence of NDCS Director obtaining a Memorandum of Understanding with the Nebraska Coalition to End Sexual & Domestic Violence dated 7/20/18 to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault inmates. Any inmate seeking services can call the toll-free telephone number. Also, forensic medical examinations conducted at the Methodist Hospital for Women are at no financial cost to the victim. Nebraska University Hospital (SANE certified) provides the emergency services at no financial cost to the victim. Also, this auditor met with the Prison Advocacy Coordinator from the Coalition prior to the on-site visit. She indicated there have been no calls from inmates in the past twelve (12) months requesting emotional support services related to sexual abuse or assault. Also, the Coalition's Prison Advocacy Coordinator indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

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. Documentation and an interview with the Corrections Warden confirmed Nebraska State Patrol (NSP) conducts the criminal investigations of allegations of sexual abuse and sexual harassment. Random staff interviews confirmed their knowledge on evidence protocol and their role as first responders. Also, staff confirmed how to preserve evidence until local law enforcement officers arrived at the facility. Medical and mental health staff interviews indicated the facility will offer all victims access to forensic medical examinations without financial cost. In the past twelve (12) months, there has been no allegation where a victim required a forensic medical examination.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

## Policy and Supporting Documents Reviewed, Interviews and Observation:

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- Nebraska Department of Correctional Services (NDCS) Policy #215.01 (Correctional Investigator's Duties and Reporting of Criminal Activities)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of forensic medical exams conducted during the past 12 months reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of exams performed by SANE/SAFE during the past 12 months reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of exams performed by a qualified medical practitioner during the past 12 months reported was zero.
- Memo of Understanding with Nebraska Coalition to End Sexual and Domestic Violence
- PREA pamphlet "What You Need to Know About Sexual Assault"
- Coalition's Prison Advocacy Coordinator interview
- Corrections Warden interview
- Random staff interviews
- Medical and mental health staff interviews

## Standard 115.222: Policies to ensure referrals of allegations for investigations

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

#### 115.222 (a)

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

#### 115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)  Yes  No  NA

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires that all 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, and to document all such referrals. Requires notification to local law enforcement of all verified incident of sexual abuse of an inmate by a staff member, contractor, or volunteer and sexual abuse between inmates/inmates shall be referred to the local law enforcement agency of jurisdiction for investigation and consideration of criminal prosecution. Requires that all investigators shall receive the general PREA training provided to all employees, and specialized training in conducting sexual abuse investigations in confinement settings that includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment.

All staff is 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 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.

CCC-Omaha had received two (2) allegations of sexual abuse and sexual harassment resulting in administrative investigations in the past twelve (12) months. The facility did not have any allegations resulting in a criminal investigation. 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.

Interviews with the Corrections Warden, Corrections Assistant Warden/PCM and facility investigator confirmed that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Also, any internal investigation that identifies criminal activity or involves a staff member would be immediately referred to the Nebraska State Patrol (NSP). NSP and the facility investigator would act in a liaison position. The NSP investigator informs NDCS PREA Coordinator and Corrections Warden on the progress of a sexual abuse investigation.

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 NDCS PREA Coordinator sent the appropriate supplemental documentation to this auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report. Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of allegations of sexual abuse and sexual harassment received during the past 12 months were: 2
- Pre-Audit Questionnaire review - In the past 12 months, the number of allegations resulting in an administrative investigation during the past 12 months was: 2
- Pre-Audit Questionnaire review - In the past 12 months, the number of allegations referred for criminal investigation during the past 12 months was: 0
- Special Investigator Receipt of PREA Training
- Investigative Case Log Report
- PREA Investigations
- Corrections Warden interview
- Corrections Assistant Warden/PCM interview
- Facility investigator interview
- Nebraska state's website
- Random staff interviews
- Re-training documentation (agenda, curriculum and sign-in sheet)

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.231 (b)

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

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

#### 115.231 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.231 (d)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires all staff to complete 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, including a power point presentation, lesson plan, observation of the day-to-day operations as well as staff interviews confirmed that the staff are receiving their required PREA training. At the facility, the staff is trained continually about the PREA standards during shift briefings and the completion of various on-line trainings. Additionally, all staff is 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.

Random staff interviews confirmed their comprehension of the PREA guidelines on how staff and inmates can privately report sexual abuse and sexual harassment and their obligation in preventing, detecting and reporting any allegation of sexual abuse and/or sexual harassment. 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.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews, review of documentation, the agency and facility has substantially exceeded the requirements of this standard based on the above information.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- 2018 – 2019 Training Transcripts
- 2018 & 2019 NDCS PREA Training – power point & study guide & test
- NCDS PREA Refresher Training curriculum (PREA Refresher: Prison and Jails PREA Basics)
- NDCS Employee Handbook
- PREA Staff Acknowledgement Form
- Staff PREA Response Card
- Random staff interviews

### **Standard 115.232: Volunteer and contractor training**

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

#### **115.232 (a)**

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

### 115.232 (b)

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

### 115.232 (c)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires 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, detention, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents.

All volunteers and contractors receive the NDCS Volunteer Orientation, PREA and Employee Boundaries: Sexual Abuse Awareness training, sign the "Inmate Sexual Assault/Abuse Agreement for Volunteers and Contractors" form and receive the NDCS Volunteer Orientation Handbook 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 volunteers are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. The facility did not have any contractors. Interview with an educational instructor confirmed her knowledge of the required PREA training and NDCS zero tolerance of any form of sexual activity at the facility as well as their duty to

report sexual abuse or sexual harassment. At the time of the on-site visit, there were no volunteers available to interview.

Based on the review of the agency policy and procedures, observations and information obtained through the contractor interview and documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha’s PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- NDCS Volunteer Orientation, PREA and Employee Boundaries: Sexual Abuse Awareness training,
- Inmate Sexual Assault/Abuse Agreement for Volunteers and Contractors form
- NDCS Volunteer Orientation Handbook
- Educational instructor (other state department) interview

**Standard 115.233: Resident education**

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

**115.233 (a)**

- During intake, do residents receive information explaining: The agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  Yes  No

**115.233 (b)**

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

**115.233 (c)**

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  Yes  No

#### 115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.233 (e)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires mandatory PREA information, both orally and in writing and in a form that is understandable to the inmate, that includes information about sexual misconduct, background information on PREA, prevention/intervention, self-protection, reporting and treatment/

counseling, and confidentiality. Requires during the initial intake process, inmate education on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. Requires within thirty (30) days inmates shall receive information regarding their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and all NDCS policies and procedures for responding to such incidents. Requires repeated education when an inmate is transferred to a different facility. Also, the facilities are required to provide the PREA information for Limited English Proficient inmates, and those with disabilities such as limited reading skills, deaf or visually impaired.

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. Also, within 24 hours, the Unit Case Manager has the inmates observe the power point/video presentation on sexual abuse (available in both English & Spanish) and provides an orientation to the facility. The information consists of facility rules, their right to be free from sexual abuse and sexual harassment, how to report, their right to be free from retaliation for reporting sexual abuse or sexual harassment, prevention/intervention, self-protection, reporting and treatment/counseling and is available in Spanish. Each inmate signs a form ("Orientation Program") to verify the observation of the power point/video and attending the orientation.

All inmates are provided a "Nebraska DCS Sexual Assault 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.

Interviews with two (2) Unit Case Managers confirmed inmates 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 upon arrival and again within several days. Upon arrival, the inmate will process through security, intake (intake PREA education), medical, mental health, and eventually meets with case management staff to conduct the screening and assessment process. The inmates are provided with the PREA pamphlet, narrative of the information being verbally presented is on how to report allegations and how to access emotional support services.

Documentation of inmate's signatures were reviewed and confirmed during inmate interviews. Also, a review was conducted of the inmate PREA education forms and the information was provided within the appropriate time frames as required by this standard. Some inmate interviews stated they received this information the same day they arrived at the facility and identified the receipt of the pamphlet and confirmed receiving information about the facility's rules against sexual abuse and sexual harassment. The other inmate interviews could not confirm receiving the PREA education information during their arrival 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.

After the on-site visit, all Unit Case Managers and Unit Case Workers were re-trained on how to provide the PREA education information to an inmate upon arrival to the facility. The NDCS PREA Coordinator sent the appropriate supplemental documentation to the auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report. Based on the review of the agency policy and procedures, observations and information obtained through staff and inmate interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

## Policy and Supporting Documents Reviewed, Interviews and Observation:

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Sexual Assault Orientation power point presentation (English & Spanish)
- NDCS PREA pamphlet entitled "Sexual Assault Awareness" (English & Spanish)
- Orientation Program form
- Unit Case Managers interviews
- Random inmate interviews
- Re-training documentation (agenda, curriculum and sign-in sheet)

## Standard 115.234: Specialized training: Investigations

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

#### 115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

#### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

#### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a.)  
 Yes    No    NA

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 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.

The facility's PREA investigators when assigned conduct administrative investigations. There are three (3) staff at the facility who have completed the NDCS PREA Specialized Investigative Training: PREA and other required investigative training. Documentation and an interview with one of the facility investigators confirmed completing the required specialized investigator training as well as the annual PREA education. The facility investigator indicated the specialized investigation training consisted of interviewing techniques, Miranda warnings, Garrity warnings, sexual abuse evidence collection, and the criteria and evidence to substantiate a case for administrative or prosecution referral. At the facility level, the assigned investigator will complete the 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.

Based on the review of the agency policy and procedures, observations and information obtained through the investigator interview and documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha’s PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Specialized Investigative Training: PREA Investigating Sexual Abuse in a Confinement Setting – instructor outline
- Specialized Investigative Training: PREA – power point presentation
- (3) Training certificates
- Facility investigator interview

**Standard 115.235: Specialized training: Medical and mental health care**

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

**115.235 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes    No    NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes    No    NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes    No    NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes    No    NA

### 115.235 (b)

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

### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*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.*

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires PREA training and specialized training for medical and mental health staff. Also, requires that all full and part-time medical and mental health staff who work regularly in NDCS facilities receives specialized training in: How to detect and assess for signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Documentation review and the medical staff interview confirmed they had received the basic PREA training provided to all staff and the specialized training offered by NDCS Director of Nursing. The mental health staff interview confirmed they had received the basic PREA training provided to all staff and the specialized training offered by NIC Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. All contracted medical and mental health staff signs the "Inmate Sexual Assault/Abuse Agreement for Volunteers and Contractors" form to acknowledge they received the training and understand their responsibilities in the event of an incident. The medical staff does not conduct forensic examinations.

Interviews with two (2) medical and mental health staff from Omaha Correctional Center confirmed their understanding of the requirement to complete the specialized training and verified completing the on-line course and participating in the annual basic PREA training for provided by the facility. Also, the medical and mental health staff interviews confirmed they had received the appropriate training in detecting and assessing for signs of sexual abuse and sexual harassment; preservation of physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicious of sexual abuse or sexual harassment.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- National Institute of Corrections (NIC) PREA Behavioral Health Care for Sexual Assault Victims in a Confinement Setting
- NDCS Medical and Mental Health: PREA – power point presentation
- (3) Certificates of Completion & transcript
- Inmate Sexual Assault/Abuse Agreement for Volunteers and Contractors form
- Medical and mental health staff interviews

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.241: Screening for risk of victimization and abusiveness**

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

#### **115.241 (a)**

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?  Yes  No

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  Yes  No

#### 115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.241 (f)

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

#### 115.241 (g)

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

#### 115.241 (h)

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

#### 115.241 (i)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/10 and Policy #201.13 (Identification of Potential Aggressors and Victims) revised 3/31/18 requires prior to placement as part of the screening process each inmate is screened upon admission within seventy-two (72) hours of arrival with an objective screening instrument (NDCS Potential for Sexual Assault/Sexual Victimization Screening Instrument) for risk of victimization, potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior. Requires all inmates to be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Requires intake screening include: mental, physical or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the inmate is or is perceived to be LGBTI or gender nonconforming. Prohibits discipline of the inmate for refusing to answer screening questions.

Some inmate interviews and a review of the documentation confirmed the risk screenings are being conducted within seventy-two (72) hours of their admission to the facility. The other inmate interviews did not remember being asked questions during the risk screening process upon admission to the facility. Upon admission, each inmate is screened 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. Interviews with two (2) Unit Case Managers confirmed a screening is completed on each inmate upon admission to the program within seventy-two (72) hours upon arrival at the facility to determine placement and their special needs. Also, during the on-site visit, the auditor while interviewing asked the staff to explain the intake process. One of the Unit Case Managers detailed the intake process by explaining when an inmate is admitted to the facility. Both Unit Case Managers confirmed the inmates are provided the information and made aware of their rights within the seventy-two (72) hours and some cases within twenty-four (24) hours of admission. 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. The screening that is conducted includes any disabilities, age, physical build, current and previous incarcerations, personal history, violent offenses, LGBTI status, mental illness, prior victimization and assaultive behaviors. Inmates reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health staff. These referrals to medical or mental health staff are documented. Inmates are reassessed at a minimum of 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". Access to information is available only to the Corrections Warden, Corrections Assistant Warden/PREA Compliance Manager (PCM), medical staff, mental health counselors and Unit Case Managers. Although there have been no transgender or intersex inmates admitted to the facility within the past twelve (12) months, staff interviews confirmed consideration is given for the inmate's own views of their safety in placement and programming assignments.

After the on-site visit, all Unit Case Managers and Unit Case Workers were re-trained on the risk screening process conducted upon the inmate's arrival to the facility. The NDCS PREA Coordinator sent the appropriate supplemental documentation to the auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report. Based on the review of the agency policy and procedures, observations and information obtained through staff and inmate interviews, review of documentation, and the follow-up documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- NCDS Potential for Sexual Assault/Sexual Victimization Screening Instrument
- NCDS Intra-System Medical Screening
- NCDS Incident Report
- Random staff interviews
- Unit Case Manager interviews
- Inmate interviews (random & no targeted)
- Re-training documentation (agenda, curriculum and sign-in sheet)

### **Standard 115.242: Use of screening information**

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

##### **115.242 (a)**

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.242 (b)

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

#### 115.242 (c)

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

#### 115.242 (d)

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

#### 115.242 (e)

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

#### 115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgment.)  Yes  No  NA
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgment.)  Yes  No  NA
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgment.)  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.*

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 and Policy #201.13 (Identification of Potential Aggressors and Victims) revised 3/31/18 precludes gay, bi-sexual, transgender and intersex inmates being placed in a particular housing unit, beds or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine an inmate's appropriate placement, housing and

bed assignments, as well as work, education, and program assignments with the goal of keeping all inmates safe and free from sexual abuse. The program staff utilizes various forms (Potential for Sexual Assault/Sexual Victimization Screening Instrument & Classification Form, Central Monitoring Checklist and Initial Classification Assignment of Living Location) and any other pertinent information during the inmate's admission process.

Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. The mental health staff will complete a six (6) month reassessment of housing and programs for all transgender and intersex inmates. The staff member must meet with the inmate to discuss their program and housing needs and to ensure their current assignments are still appropriate. NDCS prohibits the placement of LGBTI inmates in dedicated facilities, units, or wings solely on the basis of their identification or status.

CCC-Omaha's Corrections Assistant Warden/PCM and the staff interviews described how information from their risk assessment 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, they described the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine an inmate's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all inmates safe and free from sexual abuse. The risk assessment information is reviewed within seventy-two (72) hours, if there is an incident of sexual abuse, upon request, or if there is receipt of additional information that an inmate is at risk of sexual victimization or abusiveness. Also, staff indicated an inmate's perception of risk is addressed and provision will be made on a case-by-case basis for showering changes.

Documentation review confirmed the risk assessment occurred within seventy-two (72) hours and the inmate received the rescreening as required within thirty (30) days. The facility does not have a designated housing unit for gay, bisexual, transgender or intersex inmates. The facility had no inmates who identified as transgender or intersex during the on-site visit, therefore the auditor was unable to ask the inmates of concerns regarding their placement, a special unit just for LGBTI inmates, their safety, and request to shower separately.

Based on the review of the agency policy and procedures, observations and information obtained through staff and inmate interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- Nebraska Department of Correctional Services (NDCS) Policy #201.13 (Identification of Potential Aggressors and Victims) revised 3/31/18
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- NCDS Potential for Sexual Assault/Sexual Victimization Screening Instrument
- NCDS Central Monitoring Checklist and Initial Classification Assignment of Living Location
- Room and Job Assignment form
- Corrections Assistant Warden/PCM interview

- Random staff interviews

## REPORTING

### Standard 115.251: Resident reporting

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

#### 115.251 (a)

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

#### 115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No

#### 115.251 (c)

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

#### 115.251 (d)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires the department to provide multiple ways for inmates to report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. 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). Requires that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document verbal reports as an "Incident Reporting" form. Requires an inmate method of reporting must include reporting to an outside public or private entity or office that is not part of the agency and is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Also, the department has provided a method for staff to privately report sexual abuse and sexual harassment of inmates.

CCC-Omaha has multiple ways for inmate reporting of sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Also, during the orientation process inmates are advised they can tell any staff member, including contractors or volunteers, who are trained and required to report all allegations of sexual abuse or sexual harassment and in writing through the grievance procedure.

Random staff interviews confirmed they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, and from third parties and report to their supervisor. In addition, the staff is provided information for reporting sexual abuse or sexual harassment in a confidential manner through a separate phone number that is outside of the facility. While conducting the on-site visit of the entire facility, the auditor observed in the hallways and in the day rooms postings of the PREA information (posters) informing inmates of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate, however, the victim advocate information was limited and unclear as to what services are provided. Reporting procedures are provided to inmates through the CCC-Omaha's inmate NDCS PREA pamphlet entitled "Sexual Assault Awareness", and during the intake/orientation process. During the facility tour, the auditor tested the hotline number to confirm the inmate has access to report of sexual abuse and sexual harassment to Nebraska Coalition to End Sexual & Domestic Violence.

There is evidence of NDCS Director obtaining a Memorandum of Understanding with the Nebraska Coalition to End Sexual & Domestic Violence dated 7/20/18 to provide free confidential crisis intervention and emotional support related to sexual abuse or assault inmates and any inmate seeking services calling the toll-free telephone number and forensic medical examinations at no financial cost to the victim. Also, this auditor met with the Prison Advocacy Coordinator from the Coalition during prior to this on-site visit. She indicated there have been no calls from inmates in the past twelve (12) months requesting emotional support services related to sexual abuse or assault.

Random inmate interviews indicated several ways to report sexual abuse and sexual harassment by telephoning the hotline, speak with a staff they trust, placing a written complaint in the secure inmate box, and about the anonymous reporting capability. During the intake and admission process inmates are advised of their rights and sign a form acknowledging they had been advised of these rights. Some inmates identified the inmate box as a means to report sexual abuse and sexual harassment. A review of both allegations of sexual abuse and sexual harassment in the past twelve (12) months indicated the facility has established various methods of reporting including the external entity.

Based on the review of the agency policy and procedures, observations and information obtained through staff and inmate interviews, and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Memo of Understanding with Nebraska Coalition to End Sexual and Domestic Violence
- PREA pamphlet "What You Need to Know About Sexual Assault" (English & Spanish)
- Grievance form
- PREA Postings (English & Spanish)
- Coalition's Prison Advocacy Coordinator interview
- Random staff interviews
- Random inmate interviews

### **Standard 115.252: Exhaustion of administrative remedies**

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

##### **115.252 (a)**

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

##### **115.252 (b)**

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA

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

### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes    No    NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

### 115.252 (g)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 and Policy #217.02 (Inmate Grievance Procedures) revised 6/30/17 allows an inmate to submit a grievance regarding an allegation of sexual abuse with no time limit. This allows for third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and permitted to file such requests on behalf of inmates. Allows the facility to request the alleged victim to agree to third party grievances alleging sexual abuse. If an inmate declines to have the request processed, the facility will document the inmates' decision. Prohibits the requirement that an inmate must first use an informal grievance process, or to otherwise attempt to resolve with staff, when reporting an allegation of sexual abuse. Allows an inmate to submit a grievance without submitting to a staff member who is the subject of the complaint and prohibits the agency from referring the grievance to a staff member who is the subject of the complaint. Also, the policy 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 sexual harassment.

Requires a final agency decision within ninety (90) days on any portion of a grievance that alleges sexual abuse, and that the ninety (90) days shall not include time consumed by inmates preparing any administrative appeal. Allows the department to claim an extension of time to respond to a grievance, up to seventy (70) days, with notification to the inmate. Establishes an emergency grievance for an inmate that is subject to a substantial risk of imminent sexual abuse, including an initial response within 24 hours and a final response within five (5) days. Prohibits the discipline of an inmate for filing a grievance related to sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

An interview with the CCC-Omaha's Corrections Assistant Warden/PCM confirmed there had been no grievances reported within past twelve (12) months related to sexual abuse or sexual harassment complaints. He indicated emergency grievances are available and he reports they must respond within 24 hours and provide a final determination within five (5) days. He confirmed the inmates receive an explanation on how to use the grievance process to report allegations of sexual abuse and has administrative procedures/appeal process for dealing with inmate's grievances regarding sexual abuse or sexual harassment during orientation and they are provided with an inmate rule book. Inmates may place a written complaint (grievance) in the secured inmate box located outside of the Unit Case Manager's office. Random staff interviews confirmed they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, and identified the secure inmate box located in the hallway outside of the program offices. However, the staff indicated they would contact the supervisor immediately to begin an internal investigation. Random inmate interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility and they can place the written complaint in the secured inmate box located outside of the Unit Case Manager's office.

Based on the review of the agency policy and procedures, observations and information obtained through staff and inmate interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- Nebraska Department of Correctional Services (NDCS) Policy #217.02 (Inmate Grievance Procedures)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of grievances filed that alleged sexual abuse reported was 0
- Pre-Audit Questionnaire review - In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was 0
- The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of inmate's decision to decline, reported was 0
- Pre-Audit Questionnaire review - In the past 12 months, the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was 0
- Pre-Audit Questionnaire review - In the past 12 months, the number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was 0
- Pre-Audit Questionnaire review - In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed a grievance in bad faith reported was 0
- Grievance form
- Corrections Assistant Warden/PCM interview
- Random staff interviews
- Random inmate interviews

### **Standard 115.253: Resident access to outside confidential support services**

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

##### **115.253 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.253 (b)

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

### 115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires the facilities provide to inmates outside victim advocate for emotional support services, access to confidential legal counsel and the facility to provide reasonable communication between inmates, these organizations and agency, in as confidential a manner as possible. The facility shall inform inmates prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

There is evidence of NDCS Director obtaining a Memorandum of Understanding with the Nebraska Coalition to End Sexual & Domestic Violence dated 7/20/18 to provide free confidential crisis intervention and emotional support related to sexual abuse or assault inmates and any inmate seeking services calling the toll-free telephone number and forensic medical examinations at no financial cost to the victim. Nebraska University Hospital (SANE certified) provides the emergency services at no financial cost to the victim. Also, this auditor met with the Prison Advocacy Coordinator from the Coalition prior to this on-site visit. She indicated there have been no calls from inmates in the past twelve (12) months requesting emotional support services related to sexual abuse or assault. During the

facility tour, the auditor tested the hotline number to confirm the inmate has access to report of sexual abuse and sexual harassment to Nebraska Coalition to End Sexual & Domestic Violence.

The facility has available the PREA pamphlet “What You Need to Know About Sexual Assault” and identifies for the inmates to call or write the Ombudsman’s Office or the Prison Advocacy Coordinator. Outside services information is provided to the inmates during the orientation process. However, inmate interviews revealed limited knowledge of what kind of services are provided to them. The staff will be providing additional education to future inmates on victim advocate services during their orientation process.

After the on-site visit, all staff were re-trained on who provides free confidential emotional support services (Nebraska Coalition to End Sexual & Domestic Violence) and to provide additional education to future inmates on outside advocate services during their orientation process. The postings were updated to include access to free emotional support information provided by the outside advocate and placed in all the dayrooms. Also, the postings were in both English and Spanish. The NDCS PREA Coordinator sent the appropriate supplemental documentation to the auditor demonstrating corrective actions had been taken with this standard prior to the submission of this report.

Based on the review of the agency policy and procedures, observations and information obtained through staff and inmate interviews, review of documentation and the follow-up documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha’s PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Memo of Understanding with Nebraska Coalition to End Sexual and Domestic Violence
- PREA pamphlet “What You Need to Know About Sexual Assault” (English & Spanish)
- PREA Postings (English & Spanish)
- Coalition’s Prison Advocacy Coordinator interview
- Random staff interviews
- Random inmate interviews
- Re-training documentation (agenda, curriculum and sign-in sheet)

### **Standard 115.254: Third-party reporting**

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

##### **115.254 (a)**

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

## 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.*

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

Random staff and facility investigator interviews confirmed they receive allegations of sexual abuse or sexual harassment from third party reporters and these are reported to investigators as if an inmate made the allegation. Third party reporters included fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.

The auditor viewed the website, confirmed the information regarding third-party reporting and the link to send an e-mail directly to the NDCS PREA Coordinator. Also, an interview with the NDCS PREA Coordinator confirmed and described the process for third-party reporting sexual abuse or sexual harassment. Random inmate interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility. There are facility posters that identify a phone number for friends and families of inmates to call if they wish to report sexual abuse or sexual harassment. This number goes directly to the NDCS, where the call is referred for investigation through a report to the individual facility.

Based on the review of the agency policy and procedures, observations and information obtained through staff and inmate interviews and review of documentation, the facility has demonstrated compliance with this standard.

## Policy and Supporting Documents Reviewed, Interviews and Observation:

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- NDCS website
- NDCS PREA Coordinator
- Random staff interviews
- Facility investigator interview
- Random inmate interviews

# OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

## Standard 115.261: Staff and agency reporting duties

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

### 115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

### 115.261 (b)

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

### 115.261 (c)

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

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

#### 115.261 (d)

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

#### 115.261 (e)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires that all employees, volunteers, and contractors shall immediately report to their supervisor or the shift supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against inmates or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Information related to a sexual abuse report shall not be released to anyone other than to the extent necessary, as specific in the procedures, to make treatment, investigation, and other security and management decisions. All facility staff are mandated reporters and receive information on clear steps on how to report sexual abuse and to maintain confidentiality through the facility's protocol and/or training.

NDCS has identified the reporting process for all staff employed, contracted or who volunteer to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and sexual 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. Random staff interviews including medical and mental health staff confirmed the requirement to report any knowledge, suspicion or information of sexual abuse or sexual harassment and have received this

training annually during in-service. The staff would complete an incident report with the details of any incidents that would occur in the facility in compliance with this standard and they are prohibited from sharing information with anyone who is not part of the investigation or reporting process.

Interviews with medical and mental health staff confirmed their responsibility to inform inmates their duty to report and their limitations of confidentiality. Both the Corrections Warden and Corrections Assistant Warden/PCM indicated that all alleged sexual abuse or sexual harassment reports, regardless of where the information came from, is reported immediately to the NDCS PREA Coordinator. A review of the both allegations of sexual abuse and sexual harassment revealed that the investigation began immediately upon receipt of the information.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Incident Report
- Corrections Warden interview
- Corrections Assistant Warden/PCM interview
- Random staff interviews
- Medical and mental health interviews

### **Standard 115.262: Agency protection duties**

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

#### **115.262 (a)**

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

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### **Instructions for Overall Compliance Determination Narrative**

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires that immediate action to be taken upon learning that an inmate is subject to a substantial risk of imminent sexual abuse.

Interviews with the CCC-Omaha's Corrections Warden and Corrections Assistant Warden/PCM indicated any information received that alleges an inmate is at substantial risk of imminent sexual abuse would require immediate removal of the inmate and to isolate the threat. The other random 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. Also, the inmate would be referred for mental health services. CCC-Omaha's staff has a process in place that when identifying an inmate who may be subject to a substantial risk of imminent sexual abuse the information is documented and the inmate is placed on a watch status. There were no incidents that involved an immediate action to protect an inmate that was a substantial risk of imminent sexual abuse in the past twelve (12) months at the facility.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Incident Report
- Corrections Warden interview
- Corrections Assistant Warden/PCM interview
- Random staff interviews
- Medical and mental health interviews

### **Standard 115.263: Reporting to other confinement facilities**

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

##### **115.263 (a)**

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

### 115.263 (b)

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

### 115.263 (c)

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

### 115.263 (d)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires that an allegation made whereby an inmate was sexually abused at another facility is required to be reported to the facility where the alleged sexual abuse occurred, that the notification will be made as soon as possible but no later than 72 hours, and shall be documented. Requires that any receipt of an allegation of sexual abuse from another facility that occurred while confined in that facility, the Warden or designee shall ensure an investigation is completed.

Interview with CCC-Omaha's Corrections Warden indicated per policy an allegation made whereby an inmate was sexually abused at another facility is required to be reported to the facility where the alleged sexual abuse occurred, the notification will be made no later than 72 hours and shall be documented. The Corrections Warden indicated there had been no incidents reported that an inmate had been abused or harassed while confined at another facility during the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

## Policy and Supporting Documents Reviewed, Interviews and Observation:

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility was 0
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations the facility received from other facilities was 0
- Corrections Warden interview

## Standard 115.264: Staff first responder duties

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

#### 115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.264 (b)

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

### Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires the first responding staff is to separate the inmate, protect any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), if the abuse took place within a time period that still allows for the collection of physical evidence and secure the crime scene. Requires that a victim shall be taken to medical staff as soon as possible or if no medical or mental health are on staff, shall ensure they are notified. Requires a first responder who is not a security staff shall request the victim not to destroy evidence and to notify a security staff.

Random staff interviews and a first responder interview validated their technical knowledge of actions to be taken upon learning that an inmate was sexually abused and could describe all the action steps identified in the NDCS policies and procedures of their responsibilities as first responders. A review of the training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided with all types of additional training. There have been no allegations that an inmate was sexually abused and the staff responded as a first responder or were notified within a time period that still allowed for the collection of physical evidence during the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through staff and inmate interviews, review of documentation and the facility has demonstrated compliance with this standard.

### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations the facility received that an inmate was sexually abused was 6
- Pre-Audit Questionnaire review - of the allegations that a resident was sexually abused the number of times a non-security staff was the first responder were 0
- 2018 & 2019 NDCS PREA Training – power point & study guide & test
- NDCS PREA Refresher Training curriculum (PREA Refresher: Prison and Jails PREA Basics)
- 2018 – 2019 Training Transcripts

- PREA Staff Acknowledgement Form
- Staff PREA Response Card
- Random staff interviews
- First responder interview

## Standard 115.265: Coordinated response

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

#### 115.265 (a)

- Has the facility developed a written 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.*

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 provides a written coordinated response system at the facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, executive staff, medical and mental health practitioners, investigators, contacting law enforcement, and victim advocate services.

Interviews with the CCC-Omaha's Corrections Warden and other random staff validated their technical knowledgeable of their duties to coordinate actions taken in response to a sexual abuse allegation. The facility has a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting law enforcement, victim advocate services, hospital and a number of other individuals in response to sexual abuse allegations. Also, the staff utilizes the "Facility Checklist for Incidents of Sexual Assault/Abuse" form to complete the documentation of the incident.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha’s PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Facility Checklist for Incidents of Sexual Assault/Abuse form
- Corrections Warden interview
- Random staff interviews

**Standard 115.266: Preservation of ability to protect residents from contact with abusers**

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

**115.266 (a)**

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

**115.266 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 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. NDCS does not allow an entity to restrict the Department's ability to terminate an employee or remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent to discipline is warranted. This was confirmed with NDCS PREA Coordinator's interview.

Based on the information discovered in the documentation and an interview with the NDCS's PREA Coordinator, the auditor has determined the facility meets the requirements of the standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Labor contract
- NDCS PREA Coordinator interview

### **Standard 115.267: Agency protection against retaliation**

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

##### **115.267 (a)**

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

##### **115.267 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

### 115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

### 115.267 (d)

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

### 115.267 (e)

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

## 115.267 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires that all persons who report or cooperate in an investigation of sexual abuse or sexual harassment shall be protected from retaliation by other inmates and staff. Requires multiple protections such as housing changes or transfers for inmate victims or abusers, removal of the alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation are available. Requires monitoring for a minimum of ninety (90) days, with periodic status checks, and provides protections for any other individual who cooperates with an investigation. This monitoring would include inmate disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff.

An interview with the Corrections Assistant Warden/PCM confirmed his responsibility with monitoring 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. Also, he indicated this monitoring would include bi-weekly face-to-face meetings, review of inmate disciplinary reports, bed and program changes, negative performance reports as well as reassignments of staff. Also, the interviews with the Corrections Warden and Corrections Assistant Warden/PCM indicated that all alleged victims or reporters are met within twenty-four (24) hours, every two (2) weeks and after the first month every thirty (30) days thereafter. If retaliation should occur, the assigned staff would complete a "Protection Against Retaliation – Inmates" form whether it is a staff or inmate retaliation monitoring. There were no incidents of retaliation at the facility in the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

### Policy and Supporting Documents Reviewed, Interviews and Observation:

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist

- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Protection Against Retaliation – Inmates form
- Corrections Warden interview
- Corrections Assistant Warden/PCM interview

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

#### 115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.271 (d)

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

**115.271 (e)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

**115.271 (f)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

**115.271 (g)**

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

**115.271 (h)**

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

**115.271 (i)**

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

**115.271 (j)**

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

**115.271 (k)**

- Auditor is not required to audit this provision.

**115.271 (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 115.221(a.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 and Policy #215.01 (Correctional Investigator's Duties and Reporting of Criminal Activities) revised 6/30/17 requires all staff to refer all alleged incidents of sexual abuse or harassment to Nebraska State Patrol (NSP) for criminal investigations. Staff refers all allegations of sexual abuse and harassment to the NDCS PREA Coordinator to review the complaint and determine if the facility staff will conduct the investigation. If the allegation appears to be criminal in nature the NDCS PREA Coordinator will consult with the Agency Personnel Investigator for assignment to an NDCS Criminal Investigator. If referred to the facility, the NDCS PREA Coordinator will contact the facility's PREA Compliance Manager and assign the investigation a case number in the Investigator's Case Management Data Base for completion of an administrative investigation. Requires each facility to cooperate with the assigned investigator and shall remain informed as to the progress of the investigation. The report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Also, the policies require investigations to be confidential and all interviews to be conducted in private; an investigation cannot terminate based on the department of the complaint's alleged victim or perpetrator from the agency employment or control, or if the source of the allegation recants; the credibility of an alleged victim, subject or witness must be assessed on an individual basis and never be determined by the person's status as an inmate or staff; investigation records to include, but not limited to investigations reports, transcripts of statement, copies of documentation relevant to the investigation, and all related material from other agency incidents as applicable; investigations must include an effort to determine whether staff actions or failures to act contributed to the incident being investigated and must be documented in writing to include investigative facts and findings.

Requires the credibility of any person shall be assessed on an individual basis. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Requires both administrative and criminal investigations shall be documented in written reports

that shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and the investigative facts and findings. Requires all allegations of criminal conduct be referred for prosecution. Requires an investigation not stop should the alleged abuser or victim depart from the employment or control of the facility or agency. Requires all case records associated with claims of sexual abuse or sexual harassment including all documentation be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

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

Documentation review and an interview with the facility Investigator confirmed he completed the required specialized investigator training as well as the annual PREA education. The facility investigator indicated all allegations are investigated, regardless of how the information is initially obtained and reported that investigations begin immediately upon notification. All allegations of sexual abuse or sexual harassment receive an administrative investigation whether it was through the facility, victim, third party or law enforcement, depending on the type of allegation. An investigation begins with information regarding the allegation, a review of the incident report, interview with the victim, alleged perpetrator, witnesses and evidence gathering. The evidence collected is not limited to videos, statements, and prior complaints. Also, if an allegation is determined to contain criminal elements, the investigation would be referred to Nebraska State Patrol (NSP).

The facility investigator interview confirmed the credibility of the victim is based on evidence found, and that no polygraph examination or truth-telling device is a condition for proceeding with an investigation. Also, the investigator indicated an investigation does not cease until completed, regardless if the alleged perpetrator is released or resigns employment, or if the victim leaves the facility prior to the completion of the investigation. The facility investigator reported that he would assist if the investigation was conducted by Nebraska State Patrol (NSP).

A review of the both investigation files of alleged staff's or inmates sexual abuse or sexual harassment that occurred in this facility in the past twelve (12) months contained the required information in accordance to NDCS policy and procedure. Also, no investigations were substantiated for allegation of conduct nor appeared to be criminal therefore none were referred for prosecution in the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

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

- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Specialized Investigative Training: PREA Investigating Sexual Abuse in a Confinement Setting – instructor outline
- Specialized Investigative Training: PREA – power point presentation
- Special Investigator Receipt of PREA Training
- Investigative Case Log Report
- PREA Investigations
- (3) Training certificates
- Facility investigator interview

## Standard 115.272: Evidentiary standard for administrative investigations

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

#### 115.272 (a)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires that a facility investigate 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.

Interviews with both Corrections Warden and facility investigator indicated that they conduct fact finding investigations and make conclusions following their investigations (which are administrative in nature)

and provide the information to NDCS for consultation with legal and Human Resources to determine disciplinary actions to be imposed and the standard they would use is the preponderance of evidence..

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Corrections Warden interview
- Facility investigator interview

## **Standard 115.273: Reporting to residents**

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

#### **115.273 (a)**

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

#### **115.273 (b)**

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

#### **115.273 (c)**

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

whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires that any inmate who makes an allegation that he or she suffered sexual abuse is informed in writing contains the process for notifying inmates whether the

allegation proves substantiated, unsubstantiated or unfounded following an investigation. This policy further requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility informs the inmate unless the allegations are "unfounded" whenever the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; NDCS learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. Investigations involving inmate-on-inmate allegations of sexual abuse, NDCS PREA Coordinator notifies the Corrections Assistant Warden/PCM who will then inform the inmate and the Corrections Warden whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

Interviews with the Corrections Assistant Warden/PCM and facility investigator confirmed all investigation outcomes, whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation, are completed by the facility investigator and the documentation is maintained with the investigation. The staff utilizes an "Inmate PREA Notification" form to advise the inmate of the investigation outcome. Documentation review of both investigations occurred in the past twelve (12) months contained the victim's notification of the investigation outcome.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Pre-Audit Questionnaire review - The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months was 0
- Pre-Audit Questionnaire review - Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation was 2
- Pre-Audit Questionnaire review - The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months was 0
- Pre-Audit Questionnaire review - Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 0
- Pre-Audit Questionnaire review - In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard was 2
- Inmate PREA Notification form (both)
- Corrections Assistant Warden/PCM interview
- Facility investigator interview

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

##### 115.276 (a)

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

##### 115.276 (b)

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

##### 115.276 (c)

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

##### 115.276 (d)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 required staff who are terminated or who resign for a violation of the sexual abuse or sexual harassment policies shall be informed of the NDCS's reporting the employment action to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. Requires that staff shall be subjected to the disciplinary sanctions up to and including termination for violation of NDCS sexual abuse or sexual harassment policies. Requires that termination shall be the presumptive disciplinary sanction for staff who had engaged in sexual abuse. Requires that violations of the NDCS policies relating to sexual misconduct or sexual harassment (other than actually engaging in sexual abuse) shall be 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. The policy also mandates that the violation be reported to the NDCS PREA Coordinator and law enforcement if criminal in nature. Additionally, staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the Nebraska State Police (NSP), unless the activities were not clearly criminal.

Interviews with the CCC-Omaha's Corrections Warden, Human Resource Manager and documentation review confirmed there had been no employee disciplined, terminated or resigned in the past twelve (12) months for violation of the facility's sexual abuse or sexual harassment policies. However, there is one (1) investigation pending with a possible employee receiving a disciplinary sanction. All disciplinary sanctions are maintained in the employee's HR file in accordance with NDCS policy and procedures.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was 0
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is pending
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were 0
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the facility who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was 0
- Corrections Warden interview
- Human Resource Manager interview

## Standard 115.277: Corrective action for contractors and volunteers

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

### 115.277 (a)

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

### 115.277 (b)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*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.*

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires that any contractor or volunteer who engages in sexual abuse of inmates shall be prohibited from contact with inmates and shall be reported to the NDCS PREA Office, any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. Requires the facility to take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer or contractor.

Interviews with the CCC-Omaha's Corrections Warden and Human Resource Manager confirmed there were no instances or reports whereby a volunteer or contractor was alleged to have violated the sexual

abuse or sexual harassment NDCS policies and procedures in the past twelve (12) months. 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 of contractor information. The facility did not have any volunteers for the past twelve (12) months.

Based on the review of the agency policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha’s PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0
- Pre-Audit Questionnaire review - In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a resident was 0
- Inmate Sexual Assault/Abuse Agreement for Volunteers and Contractors form
- Corrections Warden interview
- Human Resource Manager interview

### **Standard 115.278: Interventions and disciplinary sanctions for residents**

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

#### **115.278 (a)**

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

#### **115.278 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No

#### **115.278 (c)**

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

#### 115.278 (d)

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

#### 115.278 (e)

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

#### 115.278 (f)

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

#### 115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires an inmate who makes a report of inmate-on-inmate sexual violence or employee sexual abuse or sexual harassment that is determined to be false, may be charged with a disciplinary offense if it is determined the report was made in bad faith following consultation. Requires sanctions to be 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.

Requires consideration whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. Requires the consideration whether to require the offending inmate to participate in interventions as a condition of access to programming or other benefits when services, such as therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for abuse, are available. Inmates shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

An interview with CCC-Omaha's Corrections Warden indicated sanctions are addressed at a formal disciplinary hearing and that mental health is conferred with before sanctions are determined. He stated that disciplinary action can include a change in custody level, segregation time, loss of good time and law enforcement charges which may be referred for prosecution if the allegations were criminal, if applicable. The staff provides each inmate with a NDCS PREA pamphlet entitled "Sexual Assault Awareness" and Institutional Rules that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Documentation review indicated there had been no administrative findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility in the past twelve (12) months that resulted in disciplinary action.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of administrative findings of Inmate-on-Inmate sexual abuse that have occurred at the facility was 0
- Pre-Audit Questionnaire review - In the past 12 months, the number of criminal findings of guilt for Inmate-on-Inmate sexual abuse that have occurred at the facility was 0
- Sexual Assault Awareness brochure and Institutional Rules
- Corrections Warden interview

## **MEDICAL AND MENTAL CARE**

### **Standard 115.282: Access to emergency medical and mental health services**

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

### 115.282 (a)

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

### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.282 (c)

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

### 115.282 (d)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires the timely and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse. If there are no qualified medical

or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the facility's designated medical and mental health practitioner. Requires that victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis. Requires that treatment services are provided free of cost and regardless of whether the victim identifies the abuser or cooperates with an investigation.

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 correctional officers. Documentation and interviews with medical staff confirmed Nebraska University Hospital (SANE certified) provides the emergency examinations at no financial cost to the victim. Nebraska Coalition to End Sexual & Domestic Violence is identified to provide sexual assault victims, provide free confidential crisis intervention and emotional support services related to sexual abuse or assault who are calling the toll-free telephone number for the inmates at the facility and forensic examinations. 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 and mental health staff confirmed that inmates (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff indicated that services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital and medical practitioner. All notifications would be completed to the appropriate individuals and to follow the medical staff's directive regarding any forensic examination. The medical and mental health staff interviews indicated the scope of services is in accordance to their professional judgment, policy and any physician orders or protocols. All orders will be documented in the inmate's medical/mental health record.

Also, the medical staff's interviews indicated that a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Mental health staff interviews indicated that they would see the victim no later than 24 hours of an incident and provide one-on-one counseling and make available outside emotional support services and follow-up care. Documentation in the reports indicated that services are provided immediately upon notification. In the past twelve (12) months, there has been no allegation where a victim required a forensic medical examination.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

#### **Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- What You Need to Know About Sexual Assault brochure
- Transportation Order and Emergency Referral
- Coalition's Prison Advocacy Coordinator interview
- Medical and mental health staff interviews

## Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

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

### 115.283 (a)

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

### 115.283 (b)

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

### 115.283 (c)

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

### 115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.283 (f)

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

### 115.283 (g)

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

### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse revised 4/30/19 and Policy #201.13 (Identification of Potential Aggressors and Victims) revised 3/31/18 requires ongoing medical and mental health care for sexual abuse victims and abusers. This will include medical and mental health evaluation and treatment, follow-up services, treatment plans and referrals. Requires pregnancy tests, as necessary and timely access to all lawful pregnancy-related medical services. Requires offered tests for STD's as medically appropriate. Requires treatment services to be free of financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility is required to provide such victims with medical and mental health services consistent with the community level of care. All prisons are required to attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within fourteen (14) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Interviews with the medical staff confirmed that victims are offered a sexual assault assessment, individual counseling, referral to the psychiatrist, medications as ordered by the physician, laboratory testing for STD and HIV and follow-up. The mental health staff interviews indicated their plan for services would include individual or group treatment, including trauma resolution and PTSD, as well as follow-up. Also, the mental health staff would conduct mental health evaluations of all known inmate-on-inmate abusers and offer treatment services within fourteen (14) days. Mental health staff also reported that all inmates receive a mental health evaluation during their first few weeks at the facility.

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 completes an evaluation and follow-up for mental health visits. There have been two (2) investigations of alleged inmate's sexual abuse and sexual harassment 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.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- Nebraska Department of Correctional Services (NDCS) Policy #201.13 (Identification of Potential Aggressors and Victims)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- What You Need to Know About Sexual Assault brochure
- Transportation Order and Emergency Referral
- Coalition's Prison Advocacy Coordinator interview
- Medical and mental health staff interviews

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

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

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

## 115.286 (e)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires incident reviews to be conducted at the conclusion of every sexual abuse investigation including where the allegation has been substantiated and unsubstantiated. Requires the sexual abuse incident review to be conducted within thirty (30) days of the conclusion of the investigation. Requires the review team to include upper-management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Requires the review of the allegation for: the need for policy or practice change, motivation for the incident, check of the physical area for barriers, staffing levels at the time of the incident, and information regarding any enhancement of current monitoring technology. Requires a written report completed that includes any recommendations and corrective action, as well as documentation showing implementation of the recommendations or the reason for not implementing the recommendations.

An interview with the CCC-Omaha's Corrections Warden, other staff interviews and documentation review of the investigation reports confirmed that a report (Sexual Abuse Incident Review) is prepared upon completion of sexual abuse incident reviews. The report would include: brief chronological summary, acknowledgment of what went well during the incident, whether the incident response/action was in compliance with relevant NDCS rules, policies, and procedures, corrective actions taken or still needed to improve outcomes in future similar incidents, policy changes, motivation of the incident, motivated or caused by group dynamic, physical barriers, monitoring technology, medical and mental health services provided, outcome of the investigation/corrective actions, and inmate notification of investigation outcome.

CCC-Omaha's Sexual Abuse Incident Review Team consisted of the Corrections Warden, Corrections Assistant Warden/PCM, facility investigator, medical and mental health staff. The facility has reported two (2) investigations of administrative investigations of alleged sexual abuse and sexual harassment that occurred in this facility in the past twelve (12) months. The facility did not have any allegations resulting in a criminal investigation. Random staff interviews confirmed their knowledge of the process

and would document their review on the “Sexual Abuse Incident Review” form that captures all aspects of an incident.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha’s PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Sexual Abuse Incident Review
- Corrections Warden interview
- Random staff interviews

**Standard 115.287: Data collection**

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

**115.287 (a)**

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

**115.287 (b)**

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

**115.287 (c)**

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

**115.287 (d)**

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

**115.287 (e)**

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

## 115.287 (f)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires the collection of accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Also, the policy and procedure require an annual aggregate of the sexual abuse data, the collection of necessary data to respond to the DOJ – Survey of Sexual Violence and the data provided to the DOJ no later than June 30 of each year. Requires that data will be collected from any private facility with which it contracts for the confinement of offenders.

CCC-Omaha's Corrections Assistant Warden/PCM completes the collected data related to PREA forwards the report to the Corrections Warden for review and approval prior to forwarding to the NDCS PREA Coordinator. NDCS has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. The NDCS PREA Coordinator is responsible for monitoring the PREA data and alerting the NDCS Director of any notable trends. An interview with the NDCS PREA Coordinator indicated that she maintains all related data and document information as required by policy and procedure from each facility on a monthly basis. This information is used to identify trends and create corrective actions for an individual facility.

Documentation review of the 2016 DOJ Surveys of Sexual Victimization Report (SSV-2) form and 2017 NDCS Sexual Abuse Annual Assessment (annual report) revealed they were detailed, comprehensive and identified all state facilities within the Nebraska Department of Correctional Services. Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

### Policy and Supporting Documents Reviewed, Interviews and Observation:

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)

- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- 2016 DOJ Surveys of Sexual Victimization Report
- 2017 NDCS Sexual Abuse Annual Assessment (annual report)
- NDCS PREA Coordinator interview
- Corrections Assistant Warden/PCM interview

## Standard 115.288: Data review for corrective action

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

#### 115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.288 (b)

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

#### 115.288 (c)

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

#### 115.288 (d)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training by identifying problem areas, taking on-going corrective action and preparing an annual report of its findings for individual facilities and the agency as a whole. Also, the policy and procedure requires the report to include comparison data and corrective actions from prior years, approved by the Director, made public and allows the redaction of specific material and an indication of the material redacted.

An interview with the NDCS PREA Coordinator reports that information is gathered and submitted to the public through Sexual Abuse Annual Assessments are available on the website, and includes comparison data and any facility modifications or agency policy changes. Also, she indicated the information is security retained and on-going corrective action is tracked. CCC-Omaha's Corrections Assistant Warden/PCM monitors collected data to determine and assess the need for any corrective actions and forwards the information to the NDCS PREA Coordinator.

Documentation review of the 2017 NDCS Annual PREA Assessment (annual report) contained the comparison data and corrective actions specific to NDCS facilities as well as to the agency. The review of 2017 CCC-Omaha's Annual PREA Assessment contained specific data and corrective action plans specific to the facility.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

### Policy and Supporting Documents Reviewed, Interviews and Observation:

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- 2016 DOJ Surveys of Sexual Victimization Report
- 2017 NDCS Sexual Abuse Annual Assessment (annual report)
- NDCS website
- NDCS PREA Coordinator interview
- Corrections Assistant Warden/PCM interview

## Standard 115.289: Data storage, publication, and destruction

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

#### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

#### 115.289 (b)

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

#### 115.289 (c)

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

#### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

A review of the Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse) revised 4/30/19 requires that the NDCS shall ensure that data collected of allegations of sexual abuse is securely retained and makes information readily available to the public through an annual report on its website. Also, the policy and procedure required before making the report public, the NDCS shall remove all personal identifies and to maintain this information for at least ten (10) years

after the date of initial collection unless Federal, State or local law requires otherwise. Also, NDCS has a data collection retention schedule that identifies the completion of ten (10) years and then to be destroyed.

An interview with NDCS PREA Coordinator confirmed that data is collected and securely retained for a minimum of ten (10) years. A review of the 2017 NDCS Annual PREA Assessment (annual report) confirmed there were no personal identifiers within the document, and it is posted on the NDCS Website and readily available for public review.

Based on the review of the agency policy and procedures, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated compliance with this standard.

**Policy and Supporting Documents Reviewed, Interviews and Observation:**

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- Community Corrections Center of Omaha's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- 2016 DOJ Surveys of Sexual Victimization Report
- 2017 NDCS Sexual Abuse Annual Assessment (annual report)
- NDCS PREA Coordinator interview

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

##### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

##### 115.401 (h)

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

##### 115.401 (i)

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

##### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents?  Yes  No

##### 115.401 (n)

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

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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

This 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 August 25, 2015 through October 26, 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 second year of the second PREA review cycle. This auditor had access to the entire facility and was able to conduct staff and inmate interviews in a private room and provided with documentation in accordance to the standard. Inmates were permitted to send confidential information or correspondence to this auditor, the same method as sending to their legal counsel. Posters (pre-audit notices) for communicating to the auditor were in all areas of the facility.

### Policy and Supporting Documents Reviewed, Interviews and Observation:

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- NDCS website
- 2016 DOJ Surveys of Sexual Victimization Report
- 2017 NDCS Sexual Abuse Annual Assessment (annual report)
- NDCS PREA Coordinator interview

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency 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. Also, two (2) facilities that were audited for the first year of the second cycle their reports were published within 90 days after the final report was issued by the auditor.

### Policy and Supporting Documents Reviewed, Interviews and Observation:

- Nebraska Department of Correctional Services (NDCS) Policy #203.11 (Sexual Assault/Abuse)
- PREA Standards Compliance Checklist
- NDCS website
- 2016 DOJ Surveys of Sexual Victimization Report
- 2017 NDCS Sexual Abuse Annual Assessment (annual report)
- NDCS PREA Coordinator interview

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

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

Dorothy Xanos \_\_\_\_\_

8/04/19 \_\_\_\_\_

**Auditor Signature**

**Date**

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

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