

PREA AUDIT REPORT **INTERIM** **FINAL**
JUVENILE FACILITIES

Date of report: 10/19/2015

Auditor Information			
Auditor name: Jeff Rogers			
Address: P.O. Box 1628, Frankfort, Ky. 40601			
Email: jamraat02@gmail.com			
Telephone number: 502-320-4769			
Date of facility visit: October 6-7, 2015			
Facility Information			
Facility name: Youth Rehabilitation and Treatment Center-Kearney			
Facility physical address: 2802 30 th Ave. Kearney, Nebraska 68845			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 308-865-5313			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Dan Scarborough-Interim Director			
Number of staff assigned to the facility in the last 12 months: 123			
Designed facility capacity: 172			
Current population of facility: 99			
Facility security levels/inmate custody levels: Minimum to Maximum			
Age range of the population: 14-18			
Name of PREA Compliance Manager: Rey Rodriguez		Title: Facility Operating Officer	
Email address: rey.rodriguez@nebraska.com		Telephone number: 308-338-2013	
Agency Information			
Name of agency: Department of Health and Human Services-Division of Children and Family Services			
Governing authority or parent agency: <i>(if applicable)</i> State			
Physical address: 301 Centennial Mall South, Lincoln, Nebraska 68509-5044			
Mailing address: <i>(if different from above)</i>			
Telephone number: 402-471-3121			
Agency Chief Executive Officer			
Name: Tony Green		Title: Deputy Director-Office of Juvenile Services	
Email address: tony.green@nebraska.gov		Telephone number: 402-471-8403	
Agency-Wide PREA Coordinator			
Name: Matt Christiancy		Title: Administrative Assistant III	
Email address: matt.christiancy@nebraska.gov		Telephone number: 308-338-2006	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act (PREA) audit (on-site) occurred at the Youth Rehabilitation and Treatment Center-Kearney on October 6-7, 2015. Prior to the visit the auditor was sent a thumb drive that contained all of the policies, procedures, protocols, secondary documentation, and other PREA related information necessary to ascertain and verify compliance with the PREA Act of 2003.

The on-site audit began with a meeting between the auditor and the management team at YRTC-Kearney. At this time the audit schedule was discussed. After this discussion a tour of the facility was conducted by the auditor and management team members including Dan Scarborough Interim Director at Kearney. The purpose of the tour was to locate surveillance cameras, blind spots, and points of supervision for staff. The camera system is adequate for its stated purpose of providing additional security beyond staff supervision. It should also be noted that concave security mirrors also aid in the supervision of residents. A vulnerability study was conducted at this location by agency officials and additional cameras will be added soon to the school and other selected locations around the facility including outdoor cameras. There are currently 73 cameras and the plan calls for 23 more.

A total of 35 interviews were conducted including the following:

- 10 Random Residents
- 1 Resident who reported Sexual Abuse
- 9 Random Staff
- 1 staff who conducts Intake
- 2 Intermediate/higher level staff
- 2 Staff who conduct Risk Assessments
- 2 Medical Care staff
- 1 Mental Health staff
- 1 Human Resources staff
- 1 Investigator
- 1 Superintendent
- 1 staff who supervises residents in Isolation
- 1 PREA Coordinator
- 1 PREA Compliance Manager
- 1 Agency Head (Designee)

All interviews were conducted in a private and confidential area at the facility. A representative from the Family Advocacy Network was also interviewed by phone.

The facility staff were very well informed of the PREA requirements. The facility has trained 34 of its staff to be PREA investigators. These staff primary conduct administrative investigations while the Nebraska State Patrol conducts criminal investigations and makes referrals to prosecutors for any sexual abuse allegations determined to be substantiated. As part of the audit several staff training files were reviewed for training verifications and additional personnel records were examined for background checks. Resident training/education records were also reviewed for acknowledgement of receiving PREA related information. PREA related posters in English and Spanish were posted on walls. PREA related information is also available in resident handbooks and a video is also used to inform residents about PREA.

Prior to the auditor's arrival the review of the thumb drive materials contained a few items needing clarification. These items were corrected prior to the on-site visit. Thus, policies, procedures, practices, and related documentation are in compliance with the PREA standards.

For this report the title of the Zero Tolerance Policy will be called PREA (this will be named in supporting documentation used to verify compliance with each standard) rather than the lengthy policy titled "Prevention, Detection, Reporting, Investigation, and Treatment of Abuse, Neglect, Sexual Harassment and Sexual Abuse and Assault".

DESCRIPTION OF FACILITY CHARACTERISTICS

The Youth Rehabilitation and Treatment Center-Kearney (YRTC-K) is located at 2802 30th Avenue, Kearney, Nebraska. The facility is situated on the western edge of Kearney which is in south central Nebraska. The facility is on a hill overlooking the Platte River Valley. In 1994 the facility was re-named the Youth Rehabilitation and Treatment Center-Kearney. In 1997, after 23 years under the Nebraska Department of Corrections, it was moved to the Nebraska Department of Health and Human Services.

The facility is located on approximately thirty acres of attractive, well landscaped and cared for grounds. There are 13 campus buildings constructed of brick along with maintenance buildings and storage sheds. There are six housing/living units which includes Morton, a 30 bed unit with day rooms, restrooms, shower, offices, and storage on the lower level and individual rooms on the second level with restrooms and staff offices. There are two larger buildings which each contain two separate living units.

Washington Living Unit and Lincoln Living Unit are located in one building and Creighton and Bryant in the other building. These are configured with day rooms, bathrooms, and showers, staff offices and storage on the main floor and up to 30 bed dorms on the second level. The only time the youth are in the dorms is from 10 p.m. to 6 a.m. The stairwells leading up to the housing units have motion sensors that would sound the alarm if a resident attempts to go upstairs before it is time. There is an observation room situated between the two dorm areas always staffed by at least two staff. Each unit is separately staffed with a full complement of counselors, supervisors, and direct care staff. The sixth living unit Dickson, a 22 bed unit with individual rooms serves as both an intake unit and a behavior management unit with sight and sound separation.

In addition, there is a chapel, dining/kitchen building, power plant, several maintenance shops, storage sheds, administration building, school building, vocational training building, full-size gymnasium, Olympic size swimming pool, several outdoor recreation areas, a medical unit attached to one of the living units and a fully stocked and staffed canteen.

The YRTC has five generators capable of handling most of the electrical needs of the facility in the event of a power outage. If the outage is lengthy the facility has access to portable generators to be used in areas not served by the facility system.

Most buildings are interconnected with a tunnel system that houses service lines, provides a means of youth movement in inclement weather and serves as tornado shelters. From the frontage road, it is an attractive and aesthetically pleasing facility. It is obvious staff take great pride in the facility, it's operation and it's program.

The mission of the YRTC-K is to help youth live better lives through effective services, affording youth the opportunity to become law-abiding citizens.

The facility is accredited by the American Correctional Association. The facility also participates in the PbS Project (Performance based Standards) Project which measures outcomes on various facility operations. The PbS project is administered through the CJCA

SUMMARY OF AUDIT FINDINGS

The facility at Kearney met all applicable standards and exceeding the expectation with three standards. The facility is well prepared for PREA. The state of Nebraska has done an outstanding job in developing policies, procedures and protocols related to PREA. The PREA Coordinator is to be commended for his outstanding performance during this process. This is a final report with no corrective action needed or required. It should be noted that three (3) standards were found to have exceeded the requirements of those standards.

Number of standards exceeded: 3

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

Agency Policy 115.17 titled PREA pages 1-24
Agency Organization Chart
Facility Organization Chart
Facility Policy 115.17.6 titled PREA
Agency Policy 300.2 titled Management Structure/Chain of Command

The agency and facility policies outline the agency’s policies as they relate to the Prison Rape Elimination Act and are in full compliance with the standard requirements. The interview with the PREA Coordinator indicated he had enough time to perform his duties as statewide PREA Coordinator. The PREA Coordinator reports directly to the Agency Head. The facility PREA Compliance Manager also indicated in an interview that he had sufficient time to perform his PREA related responsibilities. After this audit is complete a new PREA Compliance Manager will begin his duties in that role. During the audit this person was involved in all aspects of the audit, thus he is being groomed to lead the PREA compliance at Kearney. In addition to the facility in Kearney there is a female facility operated by the Agency in Geneva, Nebraska. That facility utilizes co-PREA Compliance Managers at that facility..

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

This standard is non-applicable as the Agency does not contract with any other entities for confinement of residents.

Standard 115.313 Supervision and monitoring

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

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

Agency Policy 303.1 titled Security and Control page 2
Facility policy 303.1.6 titled Security and Control pages 6-7
Facility Staffing Plan and Annual Review
Facility Unannounced Rounds Documentation

The PREA Compliance Manager who also serves as the Facility Operating Officer said that the various components listed in this standard are being considered when developing the staffing plan. The facility utilizes a formula that calculates the number of security staff and other positions needed for each shift. This formula considers vacation time and as well as factoring in time for training in determining the total number of staff needed. A vulnerability study was conducted at Kearney and the report indicates the need for additional cameras in the school and gym area as well as some areas outside. However, current staffing augmented by camera surveillance and the use of mirrors provides adequate supervision and monitoring of residents. When the new cameras are installed it will improve the surveillance and monitoring components already in existence. The staffing plan is reviewed at least annually and the PREA Compliance Manager is involved in this process. Upper level staff conduct unannounced rounds throughout the 24 hour period and these rounds are recorded. The agency is not currently guided by staffing ratios, but the agency and facility are determined to meet staffing ratios required of this standard. Currently the facility is near to the required ratios but more staff or a reduction in population will be necessary to fully meet these ratios by October 1, 2017.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

Facility Policy 303 1.6 titled Security and Control pages 26-30 and 32
Training Curriculum presented by the Moss Group relating to Cross Gender Pat Down and Transgendered Searches
Training Records

The facility does not conduct cross gender pat down or body searches. However, all female staff have been trained to do so. Resident interviews as well as staff interviewed indicated that residents are not being viewed naked by members of the opposite sex except for medical staff. Female staff announce their presence when entering male housing units unless a female staff presence has already been established during a shift. Staff responded in their interviews they were aware of the policy of not searching transgendered or intersex resident for purposes of determining their genital status. Staff have been trained to conduct cross gender searches of residents including transgendered and intersex residents.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

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

Agency Policy 115.12 titled Special Needs Youth Program page 3
Facility Policy 115.12.6 titled Special Needs Program pages 2-3
Contract Memo outlining Professional Interpretations guidelines

Training Records for Intake Staff

The staff interviewed said professional interpretation services are available and residents are not utilized as translators in any capacity at the facility. The agency has an agreement with a Language Telephone Service for interpretive services. If residents are disabled or have low or no vision, services can be accessed to assist residents with understanding the PREA and how to file grievances etc. relating to sexual assault or harassment.

Standard 115.317 Hiring and promotion decisions

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

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

Agency Policy 112.3 titled Hiring and Promotion Decisions Specific to PREA pages 1-2
Facility Policy 112.3.6 titled Hiring and Promotion Decisions Specific to PREA page 1

The Human Resource Staff person interviewed indicated that all prospective employees are thoroughly screened utilizing criminal background checks as well as consulting with various registries for sex offenders. This is done through a contract with One Source a firm specializing in background and related searches. Any prior incidences of any type of sexual misconduct will eliminate that person as a potential employee. During the interviewing period all applicants are required to self-disclose any previous misconduct. This same process is utilized for any potential contractor or volunteer. Every five years employees, contractors or volunteers are re-checked. The agency requires all employees to disclose any additional issues after the employee is hired. If another facility requests records on a former employee, the employee must sign a release form for that to occur.

Standard 115.318 Upgrades to facilities and technologies

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

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

Agency Policy 110.3 titled Space and Program Assessment Process page 2
Facility Policy 110.3.6 titled Space and Program Assessment Process page 3
PREA Meeting notes and Physical Plant Vulnerability Assessment Report

A Physical Plant Vulnerability Assessment has been completed and indicating a need for additional cameras. The Facility Operations Officer said that financing is being explored to purchase and install these cameras. There is currently one housing unit that is being renovated and that safety and security where considered when planning this work.

Standard 115.321 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Agency Policy 115.17 titled PREA pages 13-15
 Facility Policy 115.17.6 titled PREA pages 17-18
 Good Samaritan Hospital Agreement for Forensics
 Family Advocacy Center Agreement/Child Advocacy Center for Advocacy
 Nebraska State Patrol Memorandum for Investigations and Training in Sexual Abuse of Juveniles

The facility has trained 34 of its staff to investigate PREA Related Incidents. Primarily their role is to separate the victim and perpetrator, secure the crime scene, and prevent a resident from destroying potential evidence related to showering, bathroom use etc. The Nebraska State Patrol or Family Advocacy Network are the agencies that will gather any evidence related to PREA if there was any evidence to collect. Their protocol is similar and as comprehensive as the “National Protocol for Sexual Assault Medical Forensic Examinations”. In an interview with a representative of the Family Advocacy Center the process of conducting forensic exams was discussed as well as providing a resident with an advocate through the process of collecting forensic and providing emotional support for as long as the resident wishes and at no cost the resident. It should also be noted that the Family Advocacy Center is Nationally Accredited by the National Children’s Alliance. All of the requirements of this standard are being met.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Agency Policy 115.17 titled PREA pages 12-13
 Facility Policy 115.7.6 titled PREA pages 11 and 13

The facility has in place policies and procedures that guide staff in regards to referring allegations of sexual assaults or harassment of residents. According to staff interviews if a staff member encounters a situation like sexual assault or harassment, their role is to separate the victim and the perpetrator, secure the crime scene and notify the Officer of the Day (the OD). This sets in motion the contacting of the state abuse hotline and the state patrol. The facility also has 34 PREA trained investigators who conduct the initial fact gathering involving the incident.

Standard 115.331 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

Agency Policy 114.5 New and In-service Employee Training pages 3-4
Facility Policy 114.5.6 titled New and In-service Employee Training page 5
Staff Self Study Training Questionnaires
PREA Training Curriculum
Staff Training Records

All employees of the facility have been trained in the PREA curriculum and their training records reflect this. The standard outlines the topics to be covered during this training and according to staff interviews, all requirements identified in the standard are being taught to staff. The PREA Coordinator said that staff are quizzed on their understanding of PREA in a written format after the training to ensure staff understanding of the subject matter..

Standard 115.332 Volunteer and contractor training

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

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

Agency Policy 114.5 titled New and In-service Employee Training page 5
Facility Policy 114.5.6 titled New and In-service Employee Training page 4
Volunteer/Contractor Checklist of Training Requirements
Volunteer/Contractor Training Records

All volunteers and contractors are trained in the PREA curriculum according to the PREA Compliance Manager.

Standard 115.333 Resident education

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

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

Agency Policy 115.17 titled PREA pages 3-4
Facility Policy 115.17.6 titled PREA pages 3-4
Intake Summaries
PREA Brochure
Resident Quiz (about PREA)
PREA Orientation Materials
Youth Acknowledgement Forms (signed)

Residents informed the auditor during interviews that each resident is given the PREA related materials within the first the first day or two after their PREA Audit Report

arrival. The residents also reported as did staff, that within 10 days each resident views a PREA Video and other age appropriate material relating to PREA. There are also posters on walls throughout the facility and the information is also available in the resident handbook. PREA related materials are also available in Spanish. After the resident has received PREA related information a quiz is given to ascertain the resident's understanding of the PREA.

Standard 115.334 Specialized training: Investigations

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

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

Agency Policy 115.17 titled PREA page 13

Facility Policy 115.17.6 titled PREA pages 12-13

NIC Training Curriculum using the National Institute of Correction's PREA Investigator Training for Sexual Abuse in Confinement Settings
Training records and copies of NIC Training Certificates

According to the PREA Coordinator 34 staff at Kearney have received the required training to conduct investigations. The auditor interviewed investigators using the questionnaire for Investigators. Each indicated their ability to conduct PREA related incidents. Each Investigator also received the training required for all staff under standard 115.331 .

Standard 115.335 Specialized training: Medical and mental health care

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

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

Agency Policy 114.5 titled New and In-service Employee Training page 4

Facility Policy 114.5.6 titled New and In-service Employee Training page 6

Training Records of Mental Health and Medical Staff

Interviews with Medical and Mental Health staff revealed their receipt of Specialized Medical and Mental Health Training relating to PREA in addition to training require under Standard 115.331. The facility does not conduct forensic examinations according to interviews with Medical and Mental Health Staff.

Standard 115.341 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

Agency Policy 115.17 titled PREA pages 4-6
Facility Policy 115.17.6 titled PREA pages 5-6
Mental Health Assessment Forms
Risk Assessment Forms

The facility uses intake staff to conduct the initial screening of residents. This is followed by mental health staff completing a more comprehensive and detailed assessment form. The information is captured by the intake and mental health staff by asking questions and reviewing information provided to the facility on each resident that enters the facility. This information includes court proceedings, arrest records, mental health evaluations and other resident information necessary to complete the risk assessment

Standard 115.342 Use of screening information

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

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

Agency Policy 301.1 titled Juvenile Classification pages 1, and 4-5
Facility Policy 301.1.6 page 7
Completed Classification Forms

The facility does not use isolation for any resident unless it is related to some type of disciplinary issue. Isolation is not utilized for victims of sexual assaults or to house any G,B,T, I residents. There has been no transgendered or gender non-conforming residents housed at this facility. However, all the requirements would be met according to policy and procedure and interviews with facility staff. A residents would be given the opportunity to shower separately and would be allowed his own views when making programming and housing decisions with respect to his safety.

Standard 115.351 Resident reporting

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

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

Agency Policy 115.17 titled PREA pages 7-10
Facility Policy 115.17.6 titled PREA pages 9-10

Resident Handbook pages 3-5 and 36-37
Ombudsman Office Website
Staff PREA Handbook

Residents reported in interviews that they were aware of various ways to report sexual abuse or harassment including telling a staff member, calling the hotline, contacting the Ombudsman, telling a third party such as a parent, or filing an emergency grievance. There are posters throughout the facility in both Spanish and English showing how to report abuse or harassment. This information is also contained in the resident handbook. There is also a third party reporting poster in the lobby area of the facility. In interviewing the PREA Compliance Manager he also revealed the facility would supply the tools necessary for residents to report abuse should the need arise. In addition to training in PREA, staff are also provided a handbook outlining their responsibilities for PREA.

Standard 115.352 Exhaustion of administrative remedies

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

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

Agency Policy 115.17 titled PREA pages 8-10
Facility Policy 115.17.6 pages 10-11

Policies meet the requirements of the standard. The grievance process and the emergency grievance process are established allowing no time limit when filing a grievance or emergency grievance relating to a PREA incident. To date there have been no grievances filed by residents or third parties on a resident's behalf. There has been grievances filed, but these grievances were filed by the residents themselves.

Standard 115.353 Resident access to outside confidential support services

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

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

Agency Policy 103.4 titled Divisions and Outside Organizations and Agencies pages 1-4
Agency Policy 116.1 titled Youth Rights page 3
Facility Policy 103.4.6 titled Divisions and Outside Organizations and Agencies page 2, 3, and 17
Facility Policy 305.1.6 titled Communication, Mail, and Telephone for Juveniles page 1, 3, and 7
PREA Poster
Contract with Family Advocacy Center/ Child Advocacy Center
Resident Handbook page 37

Residents told the auditor that they were aware that there are outside service providers for crises interventions and support available should they need. This information is also available in the resident handbook and on posters throughout the facility. Residents also reported that what they say to outside service providers is kept private. Residents are also allowed confidential contact with their attorneys and parents or legal guardians.

Standard 115.354 Third-party reporting

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

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

Agency Policy 115.17 titled PREA page 8
Facility Policy 115.17.6 titled PREA page 8
Parent Handbook
English and Spanish posters
Agency Website (Abuse hotline)

The agency and facility policies and procedures comply with the language of this standard. Residents also said they could tell a third party such as a parent if there was an issue with sexual abuse or harassment at the facility.

Standard 115.361 Staff and agency reporting duties

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

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

Agency Policy 115.17 titled PREA pages 7-8
Facility Policy 115.17.6 titled PREA pages 7, 13, 14, and 15

Policy requires all staff who have any knowledge, suspicion, or information relating to sexual abuse or harassment be reported following the chain in command. The first step for staff who respond to an alleged sexual abuse incident is to report it to the Officer of the Day who in turns reports it up the chain to the facility head, who then notifies the Abuse hotline and the State Patrol. Staff are also required to report any retaliation or staff whose neglect of duties contributed to an incident of sexual abuse. Medical and mental health staff told the auditor that they are required to report any information related to sexual abuse to the Officer of the Day setting up the processes to follow after such a report is received. They also said they would inform the residents of their duty to report any allegation of abuse to outside authorities. The PREA Compliance Manager told the auditor that if the resident was a ward of the child welfare system or the resident was under court control, then the facility administrator would report the allegation to the appropriate officials within 14 days or sooner.

Standard 115.362 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Agency Policy 115.17 titled PREA page 4
Facility Policy 115.17.6 titled PREA page 10

Agency policy dictates the process to follow by staff should a resident be at risk of imminent sexual abuse. Random staff interviews revealed staff's knowledge of how to respond by separating the victims and perpetrator, securing the scene, instructing the residents involved not to shower, not use the toilet or brush teeth, and notifying the Officer of the Day.

Standard 115.363 Reporting to other confinement facilities

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

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

Agency Policy 115.17 titled PREA pages 10-11
Facility Policy 115.17.6 titled PREA page 9

Interviews with the Interim Superintendent indicated he would immediately treat an allegation from another confinement facility as it would any allegation at his facility by calling the hotline and notifying the State Patrol within 72 hours. There has been no such incidents occurring at this facility.

Standard 115.364 Staff first responder duties

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

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

Agency Policy 115.17 titled PREA pages 6-7
Facility Policy 115.17.6 titled PREA page 11
Agency Abuse Report Guidelines Checklist

The agency policies are in compliance with this standard. A first responder acts to separate the victim and perpetrator, secure the scene, and collect and preserve any evidence if available according to random staff interviews. Each staff interviewed was well versed in what to do in the event of sexual abuse. The Nebraska system has developed a checklist for staff to utilize should an incident occur. This is a step by step form to ensure that the correct steps are being followed. This is something all facilities nationally should adopt. Staff and administrators indicated that the State Patrol gathers evidence and has it

analyzed.

Standard 115.365 Coordinated response

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

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

Agency Policy 115.17 titled PREA page 6
Facility Policy 115.17.6 titled PREA page 1
Agency Abuse Reporting Guidelines Checklist

The agency has developed an Abuse Reporting Checklist that identifies what should occur after an abuse allegation is received. This checklist is comprehensive and provides the staff utilizing it to complete all necessary actions so that there is a coordinated response. This is an excellent checklist.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

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

Agency Policy 112.2 titled Personnel Rules and Appropriate Labor Contracts page 7
Facility Policy 112.2.6 titled Employee Discipline
Nebraska Association of Public Employees/ American Federation of State, County, and Municipal Employees Local 61 Agreement

The Agreement with the Local 61 defines disciplinary guidelines that meet the requirements of this standard as does the agency policy.

Standard 115.367 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency Policy 116.1 titled Youth Rights pages 5-6
Facility Policy 116.1.6 titled Youth Rights
Facility Protection against Retaliation Tracking Form

In an interview with a staff person who monitors retaliation she indicated she will monitor a retaliation situation for as long as necessary going beyond 90 days should the need arise. She also said there is a tracking form she can be utilized for tracking individual staff or residents. There are several methods of monitoring retaliation of residents such as increased disciplinary right ups, changes in mood and attitude, and any other indicators that might be the result of retaliation. If necessary staff can be reassigned to another unit or position to ensure separation from someone who might attempt to retaliate against another staff or resident. If necessary a resident can be moved to another housing unit.

Standard 115.368 Post-allegation protective custody

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

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

Agency Policy 116.1 Youth Rights pages
Agency Policy 300.1 titled Juvenile Classification pages 4-5
Facility Policy 116.1.6 titled Youth Rights page 5
Statement of Non-occurrence

Agency policy sets guidelines for the use of isolation. According to the PREA Coordinator, use of any isolation for victims of sex abuse or for any gender non-conforming residents isolation is an extreme measure and isolation would only be utilized as a last resort. There has never been an instance where isolation has been used to protect a resident because there are other means to ensure the protection of residents.

Standard 115.371 Criminal and administrative agency investigations

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

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

Agency Policy 115.17 titled PREA pages 11, 12, and 15
Facility Policy 115.17.6 titled PREA pages 11-16
Training Records for NIC Investigators and Labor Relations Alternative Training
First Responders Report Guide

The facility conducts administrative investigations at the facility. Once the allegation is reported as potential sexual abuse it is called into the hotline and state patrol, then an investigator from the State Patrol will be assigned the case. Once the state patrol is called in the facility investigators turn the investigation over to them. Unless evidence was collected by facility investigators, the state patrol will collect all useable evidence including DNA.

Reports are generated for all investigations by the facility and the state patrol. If the state patrol believes the allegation is criminal the report is turned over to local prosecutors for further action. Investigations continue even if the allegation is recanted or if the staff or resident leaves the facility before the conclusion of the investigation. The facility superintendent remains informed of the progress of an investigation through emails and phone calls to the state patrol.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Agency Policy 115.17 titled PREA page 13
Facility Policy 115.17.6 titled PREA page 12

According to the PREA Coordinator and policy requirements, preponderance of the evidence is the scale used to judge substantiation of an allegation.

Standard 115.373 Reporting to residents

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

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

Agency Policy 115.17 titled PREA pages 16-17
Facility Policy 115.17.6 titled PREA page 18
Memos of Non-Occurrence

While there have been allegations of sexual misconduct, no investigation report by the state patrol has been received because the incidents were determined to not be substantiated. There is one pending allegation that has not been determined to be substantiated at this point. The interview with the PREA Compliance Manager revealed that to date there has been no residents convicted of sexual abuse thus no reports have been generated either from the facility or state patrol.

Standard 115.376 Disciplinary sanctions for staff

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

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

Agency Policy 112.2 titled DHHS Workplace Policies page 7
Facility Policy 112.2.6 titled DHHS Workplace Policies pages 5
Non-Occurrence Memo

The auditor interviewed the personnel staff person who verified that there had been no staff disciplined as a result of PREA. The agency and facility policy meet the requirements of this standard.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Agency Policy 112.2 titled DHHS Workplace Policies page 7
Facility Policy 112.2.6 titled DHHS Workplace Policies page 5

There have been no PREA incidents involving a contractor or volunteer thus there has not been any corrective action taken against a contractor or volunteer.

Standard 115.378 Disciplinary sanctions for residents

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

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

Agency Policy 116.1 titled Youth Rights pages 6-7
Facility Policy 116.1.6 titled Youth Rights pages 5-6
Major Rule Violation Report

The agency and facility policy meet all of the requirements of this standard. If a resident violates a rule a disciplinary hearing will take place. The results of those hearings are recorded and placed in the resident’s file and a copy is given to the resident. There has been one (1) PREA related incident involving a resident who was subsequently sanctioned for sexual assault of a staff. A resident’s mental status is considered when making disciplinary findings. The agency prohibits resident on resident sexual activity.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

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

Agency Policy 115.17 titled PREA page 6
Facility Policy 115.17.6 titled PREA page 6
Mental Health Screening Forms
Examples of Informed Consent

Interviews with medical and mental health staff revealed they offer informed consent to residents. They also said that if a resident has experienced prior sexual victimization or perpetrated sexual abuse a follow up meeting with mental health staff is offered within 14 days but staff said the meeting would usually be sooner. The staff also said only those staff with a need to know are informed of a resident being a victim or perpetrator of sexual abuse when making housing and programming decisions.

Standard 115.382 Access to emergency medical and mental health services

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

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

Agency Policy 115.6 titled Emergency Medical Care pages 3-4
Facility Policy 115.6.6 titled Emergency Medical and Mental Health Care pages 3-4
Statement of Non-occurrence

According to medical staff residents in need of emergency care are afforded that opportunity and at no cost to the resident. The medical staff also said residents would be offered sexually transmitted infection prophylaxis where medically appropriate. There has been no occurrence where a resident has been in need of emergency medical or mental health care for sexual abuse.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

Agency Policy 115.4 titled Availability of Medical Services pages 3-4
Facility Policy 115.4.6 titled Availability of Medical Services page 3

Interviews with medical and mental health staff revealed their responsibilities of providing ongoing medical and mental health treatment for victims of sexual abuse as well as conducting a mental health assessment of all known resident on resident abusers within 60 days. They also said residents would be provided medical tests for sexually transmitted infections as medically appropriate. The same staff said that the medical and mental health services provided at the facility are consistent and in some case better than what is available in the community. The mental health evaluation is utilized when making housing and programming decisions and providing any follow up services deemed necessary whether completed at the facility or after a resident is released to the community.

Standard 115.386 Sexual abuse incident reviews

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

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

Agency Policy 115.17 titled PREA pages 17-18
Facility Policy 115.17.6 titled PREA pages 18-19
Sexual Assault Incident Review Example

The facility according to the PREA Compliance Manager conducts an incident review at the conclusion of an investigation within 30 days. He also said that upper level staff, investigators, front line supervisors, medical/mental health staff and any other staff deemed necessary make up an incident review team. The factors identified by the standard such as mental illness, race or gender identity are included in the facility's policy and procedure for incident reviews.

Standard 115.387 Data collection

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

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

Agency Policy 104.3 titled Management Information Systems pages 6-7
Facility Policy 104.3.6 titled Management Information Systems pages 8
Facility Policy 115.17.6 titled PREA/Definitions pages 1-2

According to the PREA Coordinator all data related to sexual abuse or harassment is collected as it occurs and aggregates data annually. The information from the Survey of Sexual Violence coincides with the information from the facility. There are no private facilities housing DHHS commitments.

Standard 115.388 Data review for corrective action

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

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

Agency Policy 104.3 titled Management Information Systems page 7
Facility Policy 104.3.6 titled Management Information Systems page 8
2014 Annual Report January 1, 2014 thru December 31, 2014 pages 1-9

According to the PREA Coordinator and PREA Compliance Manager data is collected and aggregated annually. A report is prepared showing the number of PREA related incidents and corrective actions taken as well as any other information related to PREA. This report is approved by the agency head and there is no personally identifying information contained in the report. The Annual Report for Kearney is located at its website.

Standard 115.389 Data storage, publication, and destruction

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

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

Agency Policy 104.3 titled Management Information Systems pages 7-8
Facility Policy 104.3.6 titled Management Information Systems page 8

The facility/agency publishes an annual report of its PREA related data. Personally identifiable data is not included in its report. Policy state that this information is stored in a safe and confidential manner and maintained for 10 years. The annual report is placed on its public website.

AUDITOR CERTIFICATION

I certify that:

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

Jeff Rogers

Auditor Signature

10/16/2015

Date