PREA Facility Audit Report: Final

Name of Facility: Youth Rehabilitation and Treatment Center Hastings
Facility Type: Juvenile
Date Interim Report Submitted: NA
Date Final Report Submitted: 12/19/2024

Auditor Certification	
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.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Candace L. Snyder	**Date of Signature:** 12/19/2024

AUDITOR INFORMATION	
Auditor name:	Snyder, Candy
Email:	snyder@gwtc.net
Start Date of On-Site Audit:	10/23/2024
End Date of On-Site Audit:	10/24/2024

FACILITY INFORMATION	
Facility name:	Youth Rehabilitation and Treatment Center Hastings
Facility physical address:	4200 West 2nd Street , Hastings, Nebraska - 68901
Facility mailing address:	

Primary Contact

Name:	Shaylee Fortner
Email Address:	Shaylee.Fortner@nebraska.gov
Telephone Number:	3084550826

Superintendent/Director/Administrator	
Name:	Camella Jacobe
Email Address:	Camella.Jacobe@nebraska.gov
Telephone Number:	402-460-3164

Facility PREA Compliance Manager	
Name:	Samuel Johnston
Email Address:	Samuel.johnston@nebraska.gov
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Kristie Himmelberg
Email Address:	Kristie.Himmelberg@nebraska.gov
Telephone Number:	402-462-1971

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	20
Average daily population for the past 12 months:	15
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Womens/girls

Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	14-18
Facility security levels/resident custody levels:	Medium
Number of staff currently employed at the facility who may have contact with residents:	78
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:	10

AGENCY INFORMATION	
Name of agency:	Nebraska Department of Health and Human Services
Governing authority or parent agency (if applicable):	
Physical Address:	301 Centennial Mall South, Lincoln, Nebraska - 68509
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	

Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Shaylee Fortner	**Email Address:**	shaylee.fortner@nebraska.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
2	• 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.341 - Obtaining information from residents
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION	
GENERAL AUDIT INFORMATION	
On-site Audit Dates	
1. Start date of the onsite portion of the audit:	2024-10-23
2. End date of the onsite portion of the audit:	2024-10-24
Outreach	
10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Family Advocacy Network. Child Protective Services, Nebraska Ombudsman, Office of Inspector General
AUDITED FACILITY INFORMATION	
14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	15
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
18. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	15
19. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
21. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	5

25. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	6
27. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	11
28. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	74
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	10

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☐ Housing assignment ☐ Gender ☐ Other ☑ None
If "None," explain:	Interviewed all 15 residents present at the facility.
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewed all 15 residents present at the facility.

37. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
40. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	I interviewed all residents present at the facility, interviewed staff, and reviewed all screening documents of residents present which corroborated that there were no residents with this characteristic to be interviewed.
41. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
42. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	I interviewed all residents present at the facility, interviewed staff, and reviewed all screening documents of residents present which corroborated that there were no residents with this characteristic to be interviewed.
43. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	I interviewed all residents present at the facility, interviewed staff, and reviewed all screening documents of residents present which corroborated that there were no residents with this characteristic to be interviewed.
44. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	I interviewed all residents present at the facility, interviewed staff, and reviewed all screening documents of residents present which corroborated that there were no residents with this characteristic to be interviewed.
45. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1

46. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	I interviewed all residents present at the facility, interviewed staff, and reviewed all screening documents of residents present which corroborated that there were no residents with this characteristic to be interviewed.
47. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
48. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	I interviewed all residents present at the facility and interviewed staff and reviewed other documents which corroborated that there were no residents with this characteristic to be interviewed.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	12
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No

54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	8
56. Were you able to interview the Agency Head?	(●) Yes ( ) No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
58. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
59. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☐ Agency contract administrator ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☒ Medical staff ☒ Mental health staff ☒ Non-medical staff involved in cross-gender strip or visual searches ☒ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☒ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☒ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☒ Staff on the sexual abuse incident review team ☒ Designated staff member charged with monitoring retaliation ☒ First responders, both security and non-security staff ☒ Intake staff

	☐ Other
61. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
62. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☒ Food service ☐ Maintenance/construction ☒ Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	Interviewed to two probation officers who visit with residents within the facility. Both have had PREA training for contractors.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

64. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
67. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
68. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

72. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	26	0	26	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	27	0	27	0

73. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	8	0	8	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	8	0	8	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

74. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

75. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	12	14
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	1	12	14

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

76. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

77. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	6	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	2	6	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	5

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	( ) Yes (●) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no staff-on-resident sexual harassment allegations reported at this facility and therefore no staff-on-resident sexual harassment investigation files.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	(●) Yes ( ) No
96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	1
AUDITING ARRANGEMENTS AND COMPENSATION	
97. Who paid you to conduct this audit?	(●) The audited facility or its parent agency ( ) My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ( ) A third-party auditing entity (e.g., accreditation body, consulting firm) ( ) Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251 – PREA Prevention 3. SOP #1676 – Management Structure 4. Agency Leadership 5. Organizational Chart **Interviews Conducted:** 1. DHHS Facilities Director 2. PREA Coordinator 3. OJS Compliance Manager 4. PREA Compliance Specialist 5. Facility Administrator 6. 12 random staff 7. 15 random residents

The Nebraska Department of Health and Human Services (DHHS) Office of Juvenile Services (OJS) operates the Youth Rehabilitation Treatment Center (YRTC –H), a 24-bed juvenile facility in Hastings, Nebraska.

Findings by Provision:

115.311 (a): The DHHS OJS PREA Standard Operation Procedure (SOP) #1251 titled PREA Prevention, Detection, Reporting, Staff Responses, Investigations will be referred to throughout the report as SOP #1251 – PREA Prevention. SOP #1251 – PREA Prevention states in the scope that, "The OJS and all YRTC's mandates zero tolerance toward all forms of sexual abuse, sexual harassment, or sexual assault from other juveniles, staff, contractors or volunteers. All juveniles and staff who report sexual abuse or sexual harassment or cooperate with investigations of sexual abuse or sexual harassment have the right to be free from retaliation and will be protected from retaliation by other juveniles or staff. The OJS shall establish procedures each YRTC must follow to prevent, detect, and respond to such conduct".

115.311(b): The DHHS OJS PREA SOP #1676 – Management Structure and Chain of Command states in paragraph 6.1.6, "DHHS/OJS will designate an upper-level agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee efforts comply with the PREA standards at each YRTC". The PREA Coordinator holds the position of OJS Compliance Coordinator and reports directly to the DHHS Facilities Director. She is a member of the senior staff and therefore has the authority to develop and oversee the efforts of YRTC-H to prevent, detect, and respond to sexual abuse and sexual harassment. The OJS PREA Coordinator is knowledgeable as to her role and stated she has enough time to manage all of her PREA-related responsibilities. She stated that if she has an issue with complying with a PREA standard she works with the facility administration to develop a plan of action for immediate correction and a long-term, permanent solution. There is one Compliance Manager, and five Compliance Specialists that report to the Compliance Coordinator.

115.311(c): The DHHS OJS PREA SOP #1676 – Management Structure and Chain of Command states in paragraph 6.1.6.1, "Each YRTC will have a designated Prison Rape Elimination Act (PREA) compliance manager(s)with sufficient time and authority to coordinate each YRTC's efforts to comply with the PREA standards". Each YRTC facility has a PREA Compliance Specialist responsible for maintaining day-to-day compliance within the facility. The auditor interviewed the YRTC-H PREA Compliance Specialist who also stated that he has enough time to manage all of his PREA-related responsibilities. It is important to stress to the reader of this report that anywhere it says PREA Compliance Specialist in this report, the reader must interpret that as the equivalent to the standards definition of a PREA Compliance Manager – the person responsible for coordinating within the facility efforts to comply with the PREA standards.

In addition, the OJS has a mid-level OJS Compliance Manager position that assists the PREA Coordinator in all compliance activities, in all facilities. In addition to PREA Compliance, this team is responsible for compliance with American Correctional

	Association standards and Performance Based Standards with the ultimate goal of making sure that all residents are safe within YRTC facilities. The auditor determined that the YRTC-H has exceeds this standard in that they have an additional level of PREA compliance staffing with the OJS Compliance Manager position. It was apparent to the auditor the benefits this position brings in the amount of organization and cohesion witnessed throughout the audit process. The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1251, a review of SOP #1676, and the organization chart, and interviews with the DHHS Facilities Director, the PREA Coordinator, the PREA Compliance Manager, and the YRTC-H PREA Compliance Specialist. In interviews with staff and residents, all were knowledgeable of the zero-tolerance policy.

115.312	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire **Interviews Conducted:** 1. DHHS Facilities Director 2. PREA Coordinator **Findings by Provision:** **115.312 (a) and (b):** The YRTC-H facility does not contract for the confinement of residents with an outside entity. The auditor determined compliance through a review of the pre-audit questionnaire and interviews with the DHHS Facilities Director and the PREA Coordinator.

115.313	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #205 – Juvenile Supervision 3. Organizational Chart 4. Staff schedule 5. Staffing Plan Update – January 2024

6. Morning Report

Interviews Conducted:
1. Facility Administrator
2. PREA Coordinator

Findings by Provision:
115.313 (a): The auditor reviewed the Organization Chart, verified the staffing levels through the Staffing Plan Update – January 2024, the schedule that was provided, and verified through direct observation and monitoring cameras while on the facility tour and throughout the onsite audit. The auditor reviewed SOP #205 -- Juvenile Supervision which states in paragraph 5.3.1, “The agency must ensure that each facility it operates must develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities must take into consideration: Generally accepted juvenile detention and correctional/secure residential practices; Any judicial findings of inadequacy; Any findings of inadequacy from Federal investigative agencies; Any findings of inadequacy from internal or external oversight bodies; All components of the facility’s physical plant (including “blind spots” or areas where staff or residents may be isolated); The composition of the resident population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other relevant factors".

The YRTC-H facility has strong, consistent leadership, a good training program, and a positive culture. There have been no deviations from the staffing plan. The latest revised staffing plan completed in January 2024 is signed by the Facility Administrator and the PREA Coordinator.

The auditor toured all areas of the facility and observed all areas including the administrative areas, the chapel/gym, the two housing units including resident sleeping areas, restrooms, shower rooms, and common areas, storage areas, and the program building which includes the classrooms, kitchen, dining hall, medical and admissions. While touring the facility the auditor noted camera locations. The auditor was present at all shifts to observe operations at all times of the day. The auditor had informal conversations and made observations about resident supervision. The storage doors were locked, and the facility practices and procedures ensure staff and residents are not in a one-on-one situation off camera.

115.313 (b): The auditor revised SOP #205 – Juvenile Supervision which states in paragraph 5.3.2 that, “The agency must comply with the staffing plan except during limited and discrete exigent circumstances and must fully document deviations from the plan during such circumstances”. The auditor reviewed the pre-audit questionnaire and interviewed the Facility Administrator and the PREA Coordinator which stated there were no times they were out of ratio. When there was a staff shortage, it was filled with overtime or by an administrative staff filling the youth

	supervision position. **115.313 (c):** The auditor reviewed the Staffing Plan Update – January 2024 which states, “The YRTC-H continues with compliance of the 1:8 staff to youth ratio during waking hours and 1:16 staff to youth ratio during sleeping hours”. The auditor verified this ratio was maintained while observing operations within the facility during all shifts and in all areas and in reviewing samples of the Morning Report which contains the shift report for the day including all counts. **115.313 (d):** The auditor reviewed SOP #205 – Juvenile Supervision which states in paragraph 5.3.4 that, “Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Coordinator required by 115.311, the agency much access, determine, and document whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section; prevailing staffing patterns; the facilities deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to ensure adherence to the staffing plan". The auditor verified this provision is followed through a review of the latest revised staffing plan completed in January 2024 that is signed by the Facility Administrator and the PREA Coordinator. It includes items as outlined within the standard. Such as cameras, blind spots, physical layout, supervision of juveniles, number and placement of supervisory staff, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. **115.313 (e):** The auditor reviewed SOP #205 -- Juvenile Supervision which states in paragraph 5.3.5 that “Each secure facility must implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Each secure facility must have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility". The auditor reviewed the Morning Report, which has several entries throughout each shift in which the Youth Security Supervisor (YSS) conducts rounds throughout the campus. In addition, YRTC-H maintains an Unannounced Rounds logbook in which upper-level administrators log their unannounced rounds. The auditor determined compliance with this standard through a review of the documents listed above, through direct observations of rounds and watching staff monitor the facility both in person and through video monitors, through a review of the pre-audit questionnaire, interviews with the DHHS Facilities Director, the PREA Coordinator, OJS Compliance Manager, and the Facility Administrator. In informal conversations with residents, they stated they felt safe here and that staff conduct rounds regularly, including managers.

115.315	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251 – PREA Prevention 3. SOP #229 – Searches 4. Youth Security Search form 5. Exigent Circumstance logbook 6. Staff training records **Interviews Conducted:** 1. DHHS Facilities Director 2. PREA Coordinator 3. PREA Compliance Manager 4. Facility Administrator 5. 12 random staff 6. 15 random residents **Findings by Provision:** **115.315 (a):** YRTC-H is an all-female facility. The auditor reviewed the SOP #229 – Searches which states in paragraph 6.3.4.1 that, “The facility must not conduct cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by a medical practitioner”. The auditor interviewed and had informal conversations with random staff who stated that only female staff conduct searches of residents. Visual body cavity searches are not done. If they were needed the Facility Administrator and medical would be involved. The YRTC-H has completed no cross-gender strip searches or body cavity searches. **115.315 (b):** The auditor reviewed SOP #229 – Searches in paragraph 6.3.4.2 which states that “The agency must not conduct cross-gender pat-down searches except in exigent circumstances". The auditor interviewed and had informal conversations with random staff and random residents who all consistently stated only female staff conduct pat searches of residents. **115.315 (c):** The auditor reviewed SOP #229 – Searches in paragraph 6.3.4.3 which states that, “The facility must document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down search". Paragraph 6.3.4.7 states that “Pat searches on a juvenile are conducted by two staff members; the staff member completing the search must be of the same anatomical sex as the juvenile”. The auditor verified documentation of searches by two staff of the same gender as the youth. The auditor interviewed the Facility Administrator who stated that if a cross-gender pat-down search was to occur in an exigent circumstance, it would be reported to a supervisor and to her and documented in an incident report and the exigent circumstance book. **115.315 (d):** The auditor reviewed SOP #1251—PREA Prevention in paragraphs 6.2.2.1 – 6.2.3 which states, "Female staff will announce their presence prior to

	entering a housing unit occupied by male juveniles. Male staff will announce their presence prior to entering a housing unit occupied by female juveniles. This announcement shall be made loud enough for juveniles to hear. For opposite-gender staff scheduled in a particular housing unit for an entire shift, they will have to announce once, at the beginning of their shift. The only exception to this would be if the opposite gender staff has left the building for a significant amount of time and is returning to the building. All other opposite-gender staff entering a housing unit at any given time will be required to make the announcement each time they enter the housing unit. Staff (excluding medical staff) will allow juveniles to shower, perform bodily functions, and change clothing without viewing their buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks (including viewing on video camera)". The auditor interviewed and had informal conversations with random staff and random residents who all consistently stated male staff announced themselves when entering their housing unit. The auditor also verified this practice while on the facility tour. **115.315 (e):** The auditor reviewed SOP #229 – Searches in paragraphs 6.3.4.5 which states, "The facility must not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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". Paragraph 6.3.4.8 states, "If a juvenile identifies as transgender or intersex at any time during their commitment or if there is prior knowledge that the juvenile identifies as transgender or intersex the following must take place: The juvenile will be given the opportunity to complete a Statement of Search Preference form. Upon completion of the Statement of Search Preference form, the form will be submitted to the facility compliance team who will meet with a multi-disciplinary team to review the request and decide on a case-by-case basis how to proceed. Upon completion of the request, the juvenile will be notified by the compliance team of the outcome of the review. Upon approval of the request the staff member performing the search should be the same sex as identified by the juvenile's search preference, when possible. The search must be documented as to whether the search preference was followed. If not followed, the reasons why should be documented". The auditor interviewed the administrators who confirmed this practice. There were no residents who identified as transgender present to be interviewed. The auditor interviewed the administrators and the staff who conduct the intake and screening who stated that information regarding sexual identity is typically known before the resident arrives. If it is not known ahead of time, they do not conduct any type of search at this facility. Identity as a transgender or intersex person would be gathered through conversation with the resident. **115.315 (f):** The auditor reviewed SOP #229 – Searches in paragraphs 6.3.4.6 which states, "The agency must train security staff how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs". The auditor reviewed the training curriculum and

	interviewed random staff. Employees receive classroom instruction, view the video “Guidance in Cross-Gender and Transgender Pat Searches” and must demonstrate a proper pat search. The auditor determined compliance with this standard through a review of the documents listed above, through direct observations while on the tour of the restroom procedures, through a review of the pre-audit questionnaire, interviews with the DHHS Facilities Director, the PREA Coordinator, the PREA Compliance Specialist, the Facility Administrator, and through random interviews with staff and residents. The auditor reviewed the camera coverage to verify there is no camera in an area where residents might be in a state of undress. The auditor had informal conversations with residents regarding their privacy during showering, toileting, and changing clothing.

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #171 – Special Needs Program 3. PREA Posters 4. Language Line Materials **Interviews Conducted:** 1. DHHS Facilities Director 2. PREA Coordinator 3. 12 Random Staff 4. 15 Randon Residents 5. 2 Targeted Resident Interviews **Findings by Provision:** **115.316 (a):** The auditor reviewed SOP #171 -- Special Needs Program in paragraph 5.6 which states, “The agency shall take appropriate steps to ensure that juveniles with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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 and abuse and sexual harassment". SOP #171 outlines specifically the many ways in which they accomplish this. In addition, the auditor interviewed the DHHS Facilities Director, and random staff who stated that they offer multiple options to present the material such as in writing, video with subtitles, translation services for non-English speaking people to include a contract with Language Line, a list of in-

	person interpreters available in multiple languages and a telephone for the hearing impaired, and working individually with youth who may need the material presented to them in a specific manner. There were no residents within the facility that needed interpretation services. PREA posters were posted in both English and Spanish. Spanish is the non-English language that would most predominantly be encountered at this facility. During staff interviews, staff verified that they would not use residents to interpret for other residents when discussing any important, sensitive, or confidential information. The auditor interviewed a youth with lower cognitive function. She stated that they went over the PREA pamphlet with her and explained everything. She stated that she was able to understand what they told her. They explained sexual abuse and harassment and if it happened, she could tell anybody or call the Abuse and Neglect Hotline number that is in the pamphlet and on the posters. The auditor interviewed a resident with low reading comprehension. She stated the material was explained to her verbally. The auditor determined compliance with this standard through a review of the policies, the interpretation service documentation, and through interviews with administrators, staff and interviews with residents.

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1641 – Hiring and Promotions 3. Human Resource Documents (sample size 7 random staff) Interviews Conducted: 1. Human Resources Manager **Findings by Provision:** **115.317 (a):** The auditor reviewed SOP #1641 – Hiring and Promotions paragraph 6.1 which states that “YRTCs will not hire or promote any employee or enlist the services of any contractor who may have contact with juveniles if: 6.1.1 They have 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). 6.1.2 They have 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. 6.1.3 They have been civilly or administratively adjudicated to have engaged in sexual activity in the community”. The auditor interviewed the Human Resources Manager and reviewed personnel files. The files support their statements. These processes include law enforcement background checks, child abuse and neglect registry checks, asking

	the employees and contractors directly before employing their services and annually thereafter, and asking previous institutional employers about any sexual misconduct. These actions are described in more detail in the following paragraphs. **115.317 (b):** The auditor reviewed SOP #1641 – Hiring and Promotions which states in paragraph 6.2 that, “All YRTCs will consider any incidents of sexual harassment in determining whether to hire or promote employee or enlist the services of any contractor who may have contact with juveniles". The auditor interviewed the Human Resource Manager who confirmed their compliance with this policy by conducting a reference check with previous institutional employees and a review of a staff member's personnel record and PREA documentation for any incidents of sexual harassment when considering an employee for hire or promotion or the services of a contractor. **115.317 (c):** The auditor reviewed SOP #1641 – Hiring and Promotions which states in paragraph 6.3 that, “Prior to hiring new employees who may have contact with juveniles, the following will be completed by the Human Resources Office with the Department of Health and Human Services (DHHS). 6.3.1 A security check in accordance with state and federal statutes. 6.3.1.1 This check includes a criminal history, adult and child abuse and neglect, state driving record, state and federal prison check, and Nebraska Sex Offender check. 6.3.2 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”. The auditor interviewed the Human Resources Manager who stated that they conduct criminal background checks and child and abuse and neglect registry checks on applicants before an offer of employment is made and on current employees when they are promoted. In addition, they check with all previous employers about any substantiated sexual misconduct where they were previously employed. The auditor reviewed a random sampling of 10 employee files and found that the necessary background checks, child abuse and neglect registry checks, and required reference checks of all prior institutional employers. **115.317 (d):** The auditor reviewed SOP #1641 – Hiring and Promotions which states in paragraph 6.4 that, “Each YRTC will perform a criminal background record check and consult applicable child abuse registries before enlisting the services of any contractor who may have contact with juveniles”. The auditor interviewed the Human Resources Manager who stated that they conduct criminal background checks on contractors before their services can be used at the facility. The auditor reviewed sample documentation required for contractors. **115.317 (e):** The auditor reviewed SOP #1641 – Hiring and Promotions which states in paragraph 6.5 that, “All YRTCs will conduct criminal background records checks at least every five years of all current employees and contractors who may have contact with juveniles”. The auditor reviewed a sample of background checks for both newly hired employees and veteran employees with over 30 years of service. All staff had the most recent five-year update as well as employees who had the background check run during the hiring process this past year.

	115.317 (f): The auditor reviewed SOP #1641 – Hiring and Promotions which states in paragraph 6.6 that, “Applicants to the YRTCs will attest to any previous misconduct as described in Procedures 6.1 on Page 1 in the application process”. Also, paragraph 6.5.2 states that “Each YRTC will impose upon employees a continuing affirmative duty to disclose any such misconduct". The auditor reviewed employment applications that include the questions as stated in provision (a) of this standard as well as an attestation that they understand they have a continuing duty to report any sexual misconduct throughout the terms of their employment. In addition, each year the facility pushes out an annual digital course which requires staff to answer sexual misconduct questions again and attest to their continuing duty to report during the annual self-evaluation process. **115.317 (g):** The auditor reviewed SOP #1641 – Hiring and Promotions which states in paragraph 6.5.2 that, “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination”. The auditor reviewed a sample of employee applications which states in the PREA – Applicant Acknowledgement paragraph “For the Safety and Protection of the juvenile residents, the DHHS -Youth Programs comply with the Prison Rape Elimination Act (PREA) Standards. In accordance with PREA Standard 115.17 the DHHS Youth Programs will ask all applicants who may have contact with youth directly about previous misconduct described below. The DHHS-Youth Programs also require a continuing affirmative duty to disclose any such misconduct. Failure to answer each question could result in the disqualification of your application. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination if hired. By checking, “I accept” at the bottom of this form you are acknowledging your answers are accurate. Your previous employers may also be contacted and asked the questions below.” **115.317 (h):** The auditor reviewed SOP #1641 – Hiring and Promotions which states in paragraph 6.7 that, “Unless prohibited by law, the YRTC’s shall 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". The auditor interviewed the Human Resources Manager who stated that they provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from another confinement facility. The auditor determined compliance with this standard through a review of the policies, and a review of human resources forms used in the hiring and employment processes. The auditor selected a random sample of ten employee personnel files and found the necessary documents to substantiate compliance with this standard. The auditor also confirmed these policies and procedures through an interview with the Human Resources Manager.

115.318	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #152 – Space and Program Assessment Process 3. 2024 Annual Report **Interviews Conducted:** 1. DHHS Facilities Director 2. Facility Administrator 3. PREA Compliance team **Findings by Provision:** **115.318 (a):** The auditor reviewed SOP #152 – Space and Program Assessment Process in paragraph 5.4.1.4.1 which states, “When designing or acquiring any new facility and in planning any substantial expansion, or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse". The auditor directly observed the facility and conducted interviews with the DHHS Facilities Director and the Facility Administrator. The facility considers the protection of residents and the standards when contemplating new facilities or upgrades to the facility. **115.318 (b):** The auditor reviewed SOP #152– Space and Program Assessment Process in paragraph 5.4.1.4.2 which states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse”. The auditor observed the facility, noting camera locations, viewing video monitors, and conducted interviews with the DHHS Facilities Director, the Facility Administrator, and the PREA Compliance team. The auditor also reviewed the 2024 Annual Report which identifies any issues that were addressed. The facility considers the protection of residents and the standards when contemplating upgrades monitoring technology or in the application of new technology. They have identified and installed multiple cameras in locations that were determined to need more video coverage since the last audit. They go over the camera placement information with all employees and employees are trained to never enter an area in a one-on-one situation with a youth when there is no camera in that area. The auditor determined compliance through a review of the pre-audit questionnaire, through a tour of the facility, through viewing the camera locations and a review of SOP #152, and through interview with the DHHS Facilities Director, the Facility Director, and the PREA Compliance team.

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1252 – PREA Treatment, Follow Up and Reports 3. Investigative training certificates 4. MOU with the Family Advocacy Network (FAN) 5. Nebraska Statute 28-728 Legislative findings and intent; child abuse and neglect investigation team; child advocacy center; child abuse and neglect treatment team; powers and duties. **Interviews Conducted:** 1. Facility Administrator 2. PREA Coordinator 3. PREA Compliance Specialist/ Administrative Investigator 4. Family Advocacy Network Director 5. 12 Random Staff **Findings by Provision:** **115.321 (a):** The auditor reviewed SOP #1252 – PREA Treatment, Follow Up and Reports in paragraph 6.1.1 which state, “Uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions". The auditor interviewed the PREA Compliance Specialist who is one of the administrative investigators who conduct administrative investigations for this facility. The administrative investigators have completed multiple courses from various organizations to include the PREA Resource Center and the Moss Group, that all emphasize a uniform evidence protocol for collecting physical evidence. **115.321 (b):** The auditor reviewed SOP #1252 – PREA Treatment, Follow Up and Reports in paragraph 6.1.1.1 which states, “The protocol shall be developmentally appropriate for juveniles and shall be adapted from or based on the most recent edition of the United States 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". The auditor interviewed the PREA Coordinator who stated that all sexual abuse allegations will be referred to Child Protection Services and Nebraska State Patrol for investigation. They will only complete administrative investigations of a non-criminal nature. All others will be referred unless they are informed by Child Protection Services or law enforcement that they will not be investigating. In these instances, an administrative investigator will use the protocols applicable to their administrative investigation from “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". **115.321 (c):** The auditor reviewed SOP #1252 – PREA Treatment, Follow Up and Reports in paragraph 6.1.2 which states that, “Juveniles who experience sexual abuse/assault shall be offered access to forensic medical examinations at an outside facility, without financial cost, where medically appropriate. 6.1.2.1 Forensic medical

examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. 6.1.2.2 If SAFEs or SANEs are not available, the examination shall be performed by other qualified medical practitioners; however, the YRTC will document its efforts to provide SAFEs or SANEs". The auditor interviewed the Facility Administrator and the nurse who stated that youth would be transported to Family Advocacy Network or elsewhere if directed by the Nebraska State Patrol, for the forensic examination. The auditor spoke with the Director of the Family Advocacy Network who stated that they are set up to handle adolescents at their facility to include the forensic interview, the forensic medical examination performed by SANEs, and advocacy services. They have three SANEs and their SANE Director is a physician. They almost always are able to perform the examination within their facility. If SAFEs or SANEs cannot be made available, the examination can be performed at the emergency room. The local hospital, the Good Samaritan, has five SANEs. There have been no forensic medical exams conducted during the past 12 months. The auditor interviewed a random sample of staff to confirm they understand their responsibilities to preserve and protect evidence.

115.321 (d): The auditor reviewed SOP #1252 – PREA Treatment, Follow Up and Reports in paragraph 6.2.7 which states, “Each YRTC will make available to the victim a victim advocate from a rape crisis center”. In 6.2.7.1 it lists for YRTC – Hastings, the Family Advocacy Network as the local rape crisis center available for this facility. In paragraph 6.1.3 it states, “Victims of sexual abuse/assault shall be assessed by the Family Advocacy Network, Child Advocacy Center, or the local hospital located near each YRTC facility, which shall be determined by the Nebraska State Patrol". The auditor interviewed the PREA Coordinator, the PREA Compliance Specialist and the Director of the Family Advocacy Network, the local rape crisis center, who confirmed that YRTC-Hastings has a Memorandum of Understanding (MOU) with FAN.

115.321 (e): The auditor reviewed the FAN MOU and interviewed the Director of FAN who stated that they will provide an advocate who will provide the residents with information about options and resources and assist them through the criminal justice process. They provide accompaniment and emotional support to the residents through forensic medical examinations and investigatory interviews.

115.321 (f) & (g): The auditor reviewed the letter from the Nebraska State Patrol, Superintendent of Law Enforcement and Public Safety which states that. “Investigations will be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Nebraska State Patrol Investigators have received specialized training in sexual abuse investigations involving juvenile victims. The Nebraska State Patrol will not terminate an investigation solely because the source of the allegation recants the allegations. Investigations conducted by the Nebraska State Patrol will continue to be mindful and consistent with the PREA standards for juvenile facilities”.

115.321 (h): The YRTC-H always offers the services of an advocate from the Family Advocacy Network. Nebraska state law under Chapter 28-278 states, “Each county

	or contiguous group of counties will be assigned by the Department of Health and Human Services to a child advocacy center. The purpose of a child advocacy center is to provide a child-focused location for conducting forensic interviews and medical evaluations for alleged child victims of abuse and neglect and for coordinating a multidisciplinary team response that supports the physical, emotional, and psychological needs of children who are alleged victims of abuse or neglect. Each child advocacy center shall meet accreditation criteria set forth by the National Children's Alliance. Nothing in this section shall prevent a child from receiving treatment or other services at a child advocacy center which has received or is in the process of receiving accreditation". The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1252, and the documentation as stated in each provision above. The auditor also drew on interviews with the Facility Administrator/trained administrative investigator, the PREA Coordinator, the PREA Compliance Specialist/ Administrative Investigator, and the director of the local rape crisis center.

115.322	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1252 – PREA Treatment, Follow Up and Reports 3. PREA allegations and 6 investigative reports 4. DHHS YRTC website **Interviews Conducted:** 1. PREA Coordinator 2. PREA Compliance Specialist/Administrative Investigator **Findings by Provision:** **115.322 (a) – (d):** The auditor reviewed SOP #1252 – PREA Treatment, Follow Up and Reports in paragraph 6.12.1 which states, that "YRTC shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 6.12.2 YRTC shall ensure that all allegations of abuse, neglect, sexual harassment, sexual abuse/assault are referred for criminal investigation to the Nebraska State Patrol to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. 6.12.2.1. When the Nebraska State Patrol (NSP or other outside agencies investigate sexual abuse, all staff shall cooperate with investigators and the facilities shall endeavor to remain informed about the progress of the investigation. 6.12.2.2 Criminal investigations conducted by the NSP shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and

	attaches copies of all documentary evidence when feasible". **115.322 (e):** Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations. There have been no Department of Justice investigations within this facility. The auditor is not required to audit this provision. The auditor verified compliance through a review of the pre-audit questionnaire and SOP 1252, interviews with the Facility Administrator and the PREA Coordinator, a review of the letter from the Nebraska State Patrol, and a review of the agency website at https://dhhs.ne.gov/Pages/YRTC-Reports.aspx where the investigative policy is published and may be viewed by opening the "Facility: All Facilities" drop down and selecting the pdf file "OJS PREA Standard Operating Procedures". This documents explicitly describes the responsibilities of the Nebraska State Patrol or other law enforcement agency, Child Protective Services, and the facility's administrative investigators. The PREA Coordinator provided the investigatory reports for the auditor to review which includes any law enforcement referrals. In addition, the auditor interviewed the PREA Compliance Specialist/Administrative Investigator, and the PREA Coordinator who both provided statements consistent with policies as to each entity's role in a criminal and/or administrative sexual abuse or sexual harassment investigation.

115.331	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1280 – New and In-Service Employee Training 3. training records (sample size 7 random staff) 4. PREA PowerPoints **Interviews Conducted:** 1. PREA Coordinator 2. 12 random staff **Findings by Provision:** **115.331 (a):** The auditor reviewed SOP #1280 – New and In-service Employee Training in paragraph 6.3 which states that "All employees will receive PREA training and education which will be tailored to the unique needs and attributes of the juveniles at each YRTC. At a minimum, training will include: 6.3.2 Zero-tolerance policy for sexual abuse and sexual harassment. 6.3.3 Staff responsibilities with the sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. 6.3.4 Juveniles' right to be free from sexual abuse and

	sexual harassment. 6.3.5. Staff and juveniles right to be free from retaliation for reporting sexual abuse and sexual harassment. 6.3.6 Facility specific dynamics of sexual abuse and sexual harassment at the employees assigned YRTC. 6.3.7 Common reactions of juvenile victims of sexual abuse and sexual harassment. 6.3.8 How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between juveniles.6.3.9 How to avoid inappropriate relationships with residents. 6.3.10 How to communicate effectively and professionally with juveniles, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming juveniles. 6.3.11 How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. 6.3.12. Relevant laws regarding the applicable age of consent". The auditor interviewed the Facility Administrator, the PREA Coordinator, and staff, and reviewed the training curriculum of various training topics. A review of the PREA training curriculum confirms that the training includes information on components required by the standard and outlined within their policy. **115.331 (b):** The auditor interviewed the PREA Coordinator who stated YRTC – Hastings houses only female residents. Staff who transfer from another facility are given training specifically in policies and procedures at this facility. When reviewing the PREA training PowerPoint Unit 3, there was information specific to the dynamics of sexual abuse in female facilities versus male facilities. The training also has group discussion time built in to discuss the specifics of their facility. Staff interviews included descriptions of female behaviors that are more relationship oriented, and that the girls try to “date” each other while in the program. The girls tend to be less physically aggressive but do more inappropriate touching. **115.331 (c):** The auditor reviewed training curriculum and training records and interviewed administrators and random staff to verify that training happens consistently and per the policy. Staff stated that they have PREA training every year that includes a basic refresher on the main PREA components with additional training components at various times to include various topics that are relevant at that time. **115.331 (d):** The auditor interviewed the PREA Coordinator and random staff and reviewed the training records. The auditor requested and was provided with random samples of training documentation which included the course's name, the date it was completed, and tests with scores to verify understanding of the material. The auditor determined compliance with this standard through a review of the training policy, a review of the pre-audit questionnaire, a review of the curriculum, and a review of training records. The auditor also confirmed these policies and procedures through interviews with the PREA Coordinator and random staff.

115.332	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1280 - New and In-service Employee Training 3. Volunteer/Contractor training records (sample size 15) **Interviews Conducted:** 1. Facility Administrator 2. PREA Coordinator 3. 2 Contractors **Findings by Provision:** **115.332 (a) and (b):** The auditor reviewed SOP #1280 – New and In-service Employee Training in paragraph 6.2.10 states that “Volunteers, Contractual Personnel and Interns, and all Part-time staff complete orientation and training as the Facility Administrator or designee determines is appropriate for the individual’s duties and responsibilities.6.2.10.1 The volunteer training will be monitored by the Volunteer Coordinator. 6.2.10.2 Orientation Training includes at a minimum: All volunteers, contractors, and interns who have contact with juveniles shall be notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents". The auditor interviewed the PREA Coordinator and two contractors who confirmed that they receive training from staff who go over the PREA information with them including the critical components of a zero-tolerance policy for sexual abuse and sexual harassment and how to report. This training is consistent with this provision and the training is based on the services they provide and the level of contact they have with residents. **115.332 (c):** The auditor reviewed SOP #1280 – New and In-service Employee Training in paragraph 6.2.10.5 states that “Documentation will be maintained confirming that volunteers, contractors, and interns understand the training they received. The auditor reviewed the training documentation signed by volunteers/ contractors. YRTC-H maintains documentation confirming that volunteers and contractors understand the training they have received". The auditor verified compliance with this standard through a review of the volunteer/contractor training documentation and through interviews with contractors and the PREA Coordinator.

115.333	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:
1. Pre-Audit Questionnaire
2. SOP #1251 – PREA Prevention
3. Resident Training Documentation (Sample Size 15 residents)
4. “End the Silence” brochure
5. End Silence – Youth Comic Book
6. Posters posted throughout the facility

Interviews Conducted:
1. Facility Administrator
2. PREA Coordinator
3. Intake staff
4. 15 random residents
5. 12 random staff
6. 2 specialized interviews for residents with learning disabilities

Findings by Provision:
115.333 (a): The auditor reviewed SOP #1251—PREA Prevention in paragraph 6.1.1 which states, “Upon arrival, a juvenile will be provided information explaining, in an age-appropriate fashion, the zero-tolerance policy regarding abuse, sexual assault/abuse/harassment or neglect. This information will include (both orally and in writing in a language clearly understood by the juvenile): 6.1.1.1 Prevention/ intervention 6.1.1.2 Self-protection 6.1.1.3 Reporting incidents or suspicions of sexual abuse/assault/harassment 6.1.1.4 Treatment and counseling”. The auditor reviewed training information provided to the residents, requested an Intake staff go over the process with the auditor as there were no new intakes to observe, and discussed the information with the residents who were interviewed. The YRTC-H facility provides extensive PREA information to a resident during the intake process. This information includes their zero-tolerance policy and how to report which is immediately explained to them while going over a brochure they can keep.

115.333 (b): The auditor reviewed SOP #1251— PREA Prevention in paragraph 6.1.4 which states, “Within 10 days of admission, the juvenile will receive orientation/education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents; as well as how YRTC respond to such incidents". The auditor reviewed the training materials, interviewed random residents, and interviewed an intake staff and the PREA Coordinator to have the intake and orientation processes explained. A Case Manager shows the youth the video “Safeguarding Your Sexual Safety” and goes over the more detailed information about PREA usually within 24 hours of arrival. They are also provided with the End Silence youth comic book. The orientation process specifically outlines residential rules, definitions, information on how to keep themself safe, the facility’s investigative process, the grievance process, and resources for support services that can assist victims in their recovery process. The auditor discussed this section of the policy with both the Facility Administrator and the PREA Coordinator. All PREA information is provided within 10 days of intake. The education and screening is done in a quiet, private room, one-on-one, in a calm environment. The residents’ education was very evident in the residents’ responses

	during the interviews. **115.333 (c) and (d):** The auditor reviewed SOP #1251— PREA Prevention in paragraph 6.1.5 which states, “All new admissions will receive orientation, in formats accessible to all juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as juveniles who have limited reading skills. It is the goal of each YRTC that all juveniles have an equal opportunity to participate in and benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and harassment”. The auditor reviewed materials in English and Spanish and interviewed the PREA Coordinator, an intake staff who presents the intake and orientation information, and 15 random residents who confirmed that the information is explained to them and given in a manner that they are able to understand. The auditor conducted two specialized interviews for two youth who have identified learning difficulties. They stated that they went over the materially verbally in a way that they were able to understand the information. **115.333 (e):** The auditor reviewed SOP #1251— PREA Prevention in paragraph 6.1.6 which states, “All juveniles will initial and date the appropriate area on the Orientation Check Sheet documenting the juveniles’ participation in the orientation/ education session". The auditor reviewed the intake and orientation documentation for 15 residents to confirm that they received the education required per standard and the YRTC policy. The documentation has the resident’s name and the date they completed the PREA education as well as a statement acknowledging that they understand the information that was provided and that they received the “End the Silence” brochure and the comic and viewed the video. The residents and the staff administering the education sign the form. **115.333 (f):** The auditor interviewed the staff, residents, and toured the facility. Materials are continuously and readily available to the residents. There are Zero Tolerance posters posted throughout the facility. Youth are given the “End the Silence” brochure and handbook at intake to keep with them for later reference. The auditor verified compliance with this standard through a review of the resident training documentation and materials, materials posted and available to residents, and interviews with the Facility Administrator, PREA Coordinator, intake staff, random staff and random residents.

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251 – PREA Prevention

	3. Training certificates of Specialized Investigator Training 4. Investigator training curriculum **Interviews Conducted:** 1. Facility Administrator 2. PREA Coordinator 3. PREA Compliance Specialist/Administrative Investigator **Findings by Provision:** **115.334 (a):** The auditor reviewed SOP #1251— PREA Prevention in paragraph 6.1.6 which states, “Only investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to PREA standard 115.334 will conduct the investigation”. **115.334 (b):** The auditor reviewed the training curriculums for specialized investigator training, and it included techniques for interviewing youth sexual abuse victims, the use of Garrity and Miranda, sexual abuse evidence collection in residential/group settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The auditor interviewed the PREA Compliance Manger who is also trained as an Administrative Investigator. He was well versed in conducting PREA investigations in confinement settings to include 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 action or prosecution referral. **115.334 (c):** The auditor reviewed training documentation to include the curriculum and the training certificates to include certificates from National PREA Resource Center/the Moss Group "PREA Juvenile Specialized Investigator Training”. **115.334 (d):** The auditor interviewed the Facility Administrator and the PREA Coordinator who stated that the Nebraska State Patrol and Child Protection Services conduct their criminal investigations. The auditor reviewed the letter from the Nebraska State Patrol, Superintendent of Law Enforcement and Public Safety which states that. “Investigations will be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous report. Nebraska State Patrol Investigators have received specialized training in sexual abuse investigations involving juvenile victims. The Nebraska State Patrol will not terminate an investigation solely because the source of the allegation recants the allegations. Investigations conducted by the Nebraska State Patrol will continue to be mindful and consistent with the PREA standards for juvenile facilities”. The auditor verified compliance with this standard through a review of the investigator training curriculum and specialized training certificates for investigators. The auditor also confirmed investigative knowledge through an interview with the PREA Compliance Specialist/Administrative Investigator.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1280 – New and In-Service Employee Training 3. Specialized training documentation for medical and mental health staff **Interviews Conducted:** 1. PREA Coordinator 2. Nurse 3. Clinical Program Manager **Findings by Provision:** **115.335 (a):** The auditor reviewed SOP #1280 – New and In-service Employee Training in paragraph 6.4 which states, “All medical and mental health care practitioners will receive specialized training in addition to the mandatory PREA training and education. Specialized training will include: 6.4.1.1 How to detect and assess signs of sexual abuse and sexual harassment. 6.4.1.2 How to preserve physical evidence of sexual abuse. 6.4.1.3 How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. 6.4.1.4 How and to whom to report allegations or suspicions of sexual abuse and sexual harassment". **115.335 (b):** The auditor interviewed the Facility Administrator and the nurse who stated that they do not conduct forensic examinations at the facility. Residents would be transported to the Family Advocacy Network or the emergency room at the local hospital as directed by the Nebraska State Patrol. **115.335 (c) & (d):** The auditor reviewed SOP #1280 – New and In-service Employee Training in paragraph 6.4 which states, “Documentation will be maintained confirming that medical and mental health practitioners have received the training”. The auditor reviewed the training documentation and curriculum submitted by the PREA Coordinator which verifies that the medical and mental health staff have completed the specialized training as well as the training mandated for employees under § 115.331. The auditor verified compliance with this standard through a review of the training curriculum and specialized training certificates for medical and mental health staff. The auditor also confirmed knowledge through interviews with the PREA Coordinator, the nurse, and the Clinical Program Manager.

115.341	Obtaining information from residents
	Auditor Overall Determination: Exceeds Standard

	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251 – PREA Prevention 3. 15 Resident risk screenings 4. 12 45-day periodic re-screenings **Interviews Conducted:** 1. Staff who administers the assessments 2. Clinical Program Director 3. PREA Coordinator 4. 15 random residents 5. Staff **Findings by Provision:** **115.341 (a) and (e):** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.3.1 which states, “Within 24 hours of admission to a YRTC the Screening for Vulnerability, Assaultive, and Sexually Aggressive Behavior, which is an objective screening instrument, will be completed on every juvenile by a licensed mental health practitioner. This assessment will identify those juveniles as high risk who have the potential to act out in sexually or physically aggressive manners or who may be vulnerable to being sexually victimized. Information on each juvenile’s personal history and behavior will be gathered to reduce the risk of sexual abuse by or upon the juvenile”. The auditor selected and reviewed a random sample of 15 risk screenings and 12 periodic 45-day re-screenings. The auditor interviewed a staff who administers the initial screening. He stated that he does the initial screening and a licensed mental health staff administers a more through risk screening the following day. The auditor interviewed the Clinical Program Director who stated she reviews the assessments completed by the LMHP at the YRTC-H. The auditor interviewed 15 random residents. All those interviewed stated the assessment was typically completed as soon as the youth arrived at the facility. A staff member who administers the assessment walked the auditor through the assessment process as there were no new intakes while the auditor was on site. The facility conducts periodic reassessment if a youth has been a victim or a perpetrator -- they will reevaluate if they need to change how they are housed or their supervision level during programming. They have a set periodic rescreening at 45-days after admission and anytime staff feel there is need to rescreen. The facility maintains and uses information about each resident’s personal history and behavior to assist in reducing the risk of sexual abuse by or upon a resident. The screening is objective and assigns points or use a specific number of questions to assign an outcome to provide an outcome of low, moderate, or high risk in either the potential for victimization and/or perpetration. Only limited staff have access to the risk screening form. If a youth, through the screening process, is determined to be susceptible to victimization or perpetration of sexual abuse, this is shared with staff only to the extent necessary to provide for the well-being of juvenile. The auditor determined that YRTC-Hastings substantially exceeds this standard. The screening is very thorough and conducted by a licensed mental health professional who takes

	the time to get a clear picture of responses to all the standard's required questions both through a detailed interview with the youth and a complete review of all records. If a youth identifies a sexual abuse or sexual perpetration history, the screener ensures that appropriate medical and mental health department heads are notified so that a therapist can be assigned and/or medical care provided if needed. This facility's model approach to the special mental health treatment needs of adolescents involved in the juvenile justice system is exceptional and it begins with the appropriate and thorough screening of youth upon intake. The auditor verified compliance with this standard through a review of 15 sample screenings and 12 periodic re-screening documents, and interviews with staff and residents.

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251 – PREA Prevention 3. SOP #199 – Classification 4. 16 initial PREA Assessments 5. Resident Roster with housing assignment 6. YRTC Classification Minutes 7. 15 Resident risk screenings 8. 12 45-day periodic re-screenings **Interviews Conducted:** 1. Facility Administrator 2. PREA Coordinator 3. PREA Compliance Specialist 4. Nurse 5. Clinical Program Manager 6. Licensed mental health practitioner who administers the assessments 7. 1 Specialized resident interview **Findings by Provision:** **115.342 (a):** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.2.6 which states, "The results of the Screening for Vulnerability, Assaultive, and Sexually Aggressive Behavior tool are used in providing appropriate housing, programming, education, work assignments, and supervision". The auditor interviewed the Facility Administrator, the PREA Coordinator, PREA Compliance Specialist, and a staff who administers the assessments during the intake process. They stated that all youth are housed in individual rooms and all youth shower

	separately. The information from the risk screening is utilized to determine if there are any issues that may need an immediate concern or closer supervision. Residents who may be at more risk may need closer supervision during all aspects of their programming. The auditor reviewed resident risk screenings and YRTC Classification Minutes for insight as to how the classification decisions are made. **115.342 (b):** The auditor reviewed SOP #199 – Classification in paragraph 6.8.5.2 which states, “Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged”. The SOP continues to outline that they must have large-muscle exercise, educational programming or special education services, daily visits from a medical or mental health care clinician, access to other programs and work opportunities to the extent possible. The auditor interviewed the Facility Administrator, the PREA Coordinator, and the PREA Compliance Specialist. YRTC-H uses isolation as a means for keeping residents safe only as a last resort or to have the time to come up with an individualized safety plan for that particular resident. The facility does not have any type of confinement cells. The preferred method is more targeted supervision to keep the residents safe. They would utilize more appropriate supervision methods such as ensuring a staff member was in closer proximity to a resident who may be at risk. There have been no residents placed in isolation due to risk of victimization. **115.342 (c):** The auditor reviewed SOP #199 – Classification in paragraph 6.8.5.3 which states, “Lesbian, gay, bisexual, transgender, or intersex residents shall be placed particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, intersex identification or status as an indicator of likelihood of being sexually abusive”. The auditor interviewed, the PREA Coordinator, and the PREA Compliance Specialist. These interviews confirmed that YRTC-H does not use a resident’s identification as LGBTI as a criterion for making any housing or bed assignment or as an indicator of likelihood of being sexually abusive. The PREA Compliance Specialist stated that the DHHS Facilities Director, the PREA Coordinator, the OJS PREA Compliance Manager, and the Clinical Program Manager will meet to discuss the best placement for transgender or intersex youth based on that resident’s individual treatment needs and safety, not their status – which is the same way housing decisions are made for all youth by the classification team. The auditor interviewed one resident who stated that every girl has their own room and you either are assigned to one cottage or the other, how you identify doesn’t have anything to do with that. **115.342 (d):** The auditor reviewed SOP #199 – Classification in paragraph 6.8.5.4 which states, “In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the juvenile’s health and safety and whether a placement would the juvenile’s health and safety and whether a placement would present management or security problems”. The auditor interviewed the Facility

	Administrator, the PREA Coordinator, and the PREA Compliance Specialist. They would gather as a group, discuss, and take every factor into account when deciding whether to assign a transgender or intersex resident to a unit for male or female residents. **115.342 (e):** The auditor reviewed SOP #199 – Classification in paragraph 6.8.5.5 which states that "Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident". The auditor interviewed the PREA Compliance Specialist who stated that there have been no transgender or intersex juveniles within the facility that required a six-month review, but it would be a part of their periodic reassessment process. All residents are reviewed in clinicals weekly and all have a monthly case management meeting to look for any issues in their treatment plan. **115.342 (f):** The auditor reviewed SOP #199 – Classification in paragraph 6.8.5.6 which states that "A transgender or intersex resident's own views with respect to their own safety shall be given serious consideration". The auditor interviewed the PREA Compliance Specialist who stated that a transgenders or intersex resident's own views with respect to his or her how safety is given serious consideration as is all resident's own views as to their safety. **115.342 (g):** The auditor reviewed SOP #199 – Classification in paragraph 6.8.5.7 which states, "Transgender and intersex residents shall be given the opportunity to shower separately from other residents". The auditor interviewed the PREA Compliance Specialist who stated that all residents shower separately. **115.342 (h):** The auditor reviewed SOP #199 – Classification in paragraph 6.8.5.8 which states, "If a resident is isolated pursuant to paragraph 6.2.2.4.2 of this section, the facility shall clearly document the basis for the facility's concern for the resident's safety; and the reason why no alternative means of separation can be arranged". The auditor interviewed administrators who stated that if isolation is used, it would always be a last resort. They typically move a resident to the alternate housing unit. They prefer to use closer supervision by staff. The auditor interviewed the nurse regarding isolation, and she stated that she does a round into the girls housing units everyday regardless. The Clinical Program Manager stated that they check on them a minimum of every 24 hours. Probably more than that as they assign a regular therapist to work with them to help develop a safety plan. There have been no residents placed in isolation due to risk of victimization. **115.342 (i):** The auditor reviewed SOP #199 – Classification in paragraph 6.8.5.9 which states, "Every 30 days, the facility shall afford each resident described in paragraph 6.2.2.4.7 of this section a review to whether there is a continuing need for separation from the general population." Administrators, staff and mental health staff consistently stated that all youth are assessed on a weekly basis and on a monthly basis. No one would be in isolation for 30 days. The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1251, SOP #199, the PREA Assessment form, Classification

	Minutes, the resident roster with housing assignments and through multiple interviews as listed above.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251 3. End the Silence brochure 4. Posters 5. Staff training documents 6. Resident training documents **Interviews Conducted:** 1. PREA Coordinator 2. PREA Compliance Specialist 3. Child Protective Services External Reporting Entity 4. Ombudsman's Office 5. Inspector General for Child Welfare 6. 12 random staff 7. 15 random residents **Findings by Provision:** **115.351 (a):** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.7.1 which states, "Juveniles may privately report to any facility staff, including those who are not immediate point-of-contact line staff members, incidents of sexual abuse, sexual harassment, retaliation by other juvenile or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to such incidents". The auditor interviewed staff and residents and toured the facility. The auditor interviewed residents who provided multiple ways that they could report internally. Most youth stated that they would tell their staff. They can always ask to talk to staff in private. Some youth stated they could write a grievance and that they could direct the grievance to a specific staff member including the Facility Director. Both from observations and through interviews with the residents it is apparent they have a lot of trust in their staff to help them with whatever the concern may be. The auditor interviewed the Facility Administrator, the PREA Coordinator, and the staff and reviewed the training materials provided to the residents and the posters displayed throughout the facility. Residents can report in the following ways: a facility staff member, counselor, teacher, or medical professional. They can also use the facility grievance system or just write it on a note. Residents consistently stated that they had access to a pencil and paper.

115.351 (b): The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.7.4.1 which states, “Juveniles may report incidents of sexual abuse or harassment to the Child Abuse/Neglect Hotline through the youth inmate calling system and will be allowed to remain anonymous. These calls are not recorded. Upon receiving these reports, the Child Abuse/Neglect Hotline will immediately forward these reports to the OJS administrative team”. SOP lists the address and phone number and states that juveniles will be allowed a state stamp for communication with the Child Abuse/Neglect Hotline.

The auditor interviewed residents who were able to list the methods as stated in policy. Residents stated they have regular contact with their family and attorney and stated they can report to any third party to make a report on their behalf. They were aware of the ability to call externally to the Nebraska Ombudsman’s Office or Children’s Protective Services (CPS) CPS’s Child Abuse/Neglect Hotline from a resident phone. The auditor made a test call from a youth dayroom phone to the CPS Child Abuse/Neglect Hotline by dialing the call according to the directions on the poster that does not require a Personal Identification Number (PIN). The auditor spoke with a CPS worker who stated that they would allow the youth to remain anonymous. They would generate a report and enter into the system. If the allegation involves a staff member, to keep the report confidential when the reporting goes forward to the facility administration. The auditor also dialed the Nebraska State Ombudsman’s office using a resident PIN. That number has been set up to not record the call or record the information about the call on the phone software. The PREA Coordinator provided the auditor with a printout from their phone service software for the time the auditor placed the call. The number called was not on the report and it showed that it was a free call.

The auditor had a more detailed, private conference call with a Deputy Ombudsman from the Nebraska Ombudsman’s office and the Office of the Inspector General (IG) for Child Welfare. They reported that they would look into complaints regarding the facility. They emphasized that the actual investigations are left up to law enforcement, but they look into allegations brought to their attention to ensure that the staff followed their policy and procedures. The IG stated that data and information from the YRTC’s has to be reported to them for oversight purposes including PREA cases that are substantiated and any critical incidents. Outgoing mail addressed to the Child Abuse/Neglect Hotline or the Ombudsman’s office is confidential and not opened by facility staff. Telephone calls to these agencies are free and not recorded.

115.351 (c) and (e): The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.7.2.1 which states, “Staff will accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports”. The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.7.2.1 which states, “Staff have an obligation to report any sexual abuse and sexual harassment of juveniles but may do so privately to the facility investigator and the Facility Administrator”. The auditor interviewed residents and staff who confirmed the policy is followed through procedures.

	The auditor interviewed staff who stated that they would immediately report the incident to the Facility Administrator. They would document any verbal reports right away but before the end of their shift. Staff stated that they can privately report sexual abuse and sexual harassment to either the Facility Administrator, the Associate Director, or to the PREA Coordinator. The auditor interviewed the administrators and staff who stated that staff accept reports any way that it is reported. **115.351 (d):** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.7.3.1 which states, “Staff members will provide juveniles the tools necessary to make a written report. If writing utensils are not available to a juvenile due to their behavior, they will be allowed to have access to these utensils as soon as they are not a threat to themselves or others”. The auditor interviewed staff and residents who stated that residents have access to pencils and paper. The residents each have a box that contains their personal things which includes pens and paper. The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1251, a review of posters, and training materials for both staff and residents, and through interviews with the PREA Coordinator, the PREA Compliance Specialist, staff and residents. The auditor is confident that residents at this facility are aware that if they need to use an external reporting entity, they have multiple options through the CPS reporting line, the Ombudsman’s office, or their family.

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251 3. Youth Handbook 4. Parent Handbook 5. PREA Poster 6. Staff Training materials 7. Resident training materials 8. End the Silence brochure **Interviews Conducted:** 1. Facility Administrator 2. PREA Coordinator 3. 12 Random staff 4. 15 Random residents **Findings by Provision:** **115.352 (a):** YRTC-H is not exempt from this standard as it does have

	administrative procedures to address resident grievances regarding sexual abuse. The auditor interviewed the Facility Administrator and the PREA Coordinator who stated that residents can file a grievance or administrative remedy regarding allegations of sexual abuse or sexual harassment. All allegations of sexual abuse or sexual harassment when received by staff, would immediately result in an administrative or criminal investigation. While on the tour the auditor took photos of the grievance box with grievance forms which were right next to the phone and the outgoing mailbox. **115.352 (b):** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.8.3 which states, “A time limit will not be imposed as to when a juvenile may submit a grievance regarding an allegation of sexual abuse”. The policy goes on to state that grievances that do not allege an incident of sexual abuse must be filed within the time parameters noted in SOP 116.1 Juvenile Rights relating to the formal grievance process. Paragraph 6.8.4 states that, “An informal grievance process should not be used by juvenile to resolve any issues with staff relating to an alleged incident of sexual abuse”. The auditor interviewed the Facility Administrator and the PREA Coordinator, reviewed the grievance policy and the resident handbook. The auditor spoke with residents about using the grievance process and they were aware of this option and new about the box. **115.352 (c):** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.8.2 which states, “Juveniles who allege sexual abuse may submit a grievance without submitting to a staff member who is the subject of the complaint, nor will that staff member be allowed to review the grievance”. **115.352 (d):** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.8.5 which states, “A final decision on the merits of any portion of a grievance alleging sexual abuse shall be issued within 90 days of the initial filing of the grievance.” The policy continues to state that computation of the 90-days does not include time in preparing any administrative appeals and an extension of time to respond, of up to 70 days, may be utilized, if the normal time period of response is insufficient to make an appropriate decision. The juvenile will be notified in writing of any such extension and provided a date by which a decision will be made. At any level of the administrative process, including the final level, if the juvenile does not receive a response with the time allotted for reply, including any properly noticed extension, the juvenile may consider the absence of a response to be a denial at that level. **115.352 (e):** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.8.5.4 which states, “Third parties, including fellow juveniles, staff members, family members, attorneys, and outside advocates, shall be permitted assist juveniles in filing request for administrative remedies relation to allegation of sexual abuse, and shall also be permitted to file such request on behalf of juveniles”. The policy continues to state that if a third party, other than a parent or legal guardian, files such a request on behalf of a juvenile, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf and may also require the alleged victim to personally pursue any

	subsequent steps in the administrative remedy process. If the juvenile declines to have the request processed on their behalf, the juvenile's decision shall be documented. The auditor reviewed the Parent Handbook which states on page 6 that, "As parents, grandparents, and legal guardians you are encouraged to report if your youth for whom you serve as guardian reports to you that they have been sexually harassed or sexually abused. We ask that you call the DHHS Abuse / Neglect Hotline at 1-800-652-1999. Like you, YRTC-H wants to provide the safest possible environment for the youth we serve". The auditor conducted a test call to CPS – the Abuse and Neglect Hotline. **115.352 (f):** "The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.8.1 which states, "Juveniles shall be allowed to file an emergency grievance to staff if the juvenile alleges, they are at substantial risk of imminent sexual abuse". The policy continues by stating that if a juvenile is subject to a substantial risk of imminent sexual abuse, the YRTC at which the juvenile is placed shall take immediate action to protect the juvenile. Upon receiving an emergency grievance, staff will immediately contact the Youth Security Supervisor (YSS), or the Behavioral Technician Lead (BTL) on shift so that immediate action may be taken. Paragraph 6.8.1.3 states, "An initial response within 48 hours shall be provided to the juvenile, and a final decision will be provided within 5 calendar days, which shall indicate whether the juvenile is in substantial risk of imminent sexual abuse and the action taken in response to the emergency report". The auditor spoke with the Facility Administrator who described the process. If an emergency grievance is filed, the first response will be to make sure that the resident is safe by separating the resident from the threat. They will then gather the details and begin the investigation process and will provide an initial response to a resident immediately, but well within 48 hours. A final response will be given to a resident within 5 days. The PREA Compliance team will be involved in this process. **115.352 (g):** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.8.6 which states, "If it is determined that a juvenile filed a grievance in bad faith, the Compliance Specialist will work with the juvenile's treatment team to determine the appropriate consequences". The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1251, a review of grievances, a review of the Youth Handbook, a review of PREA posters, and training materials for both staff and residents, and through interviews with the Facility Administrator, the PREA Coordinator, staff and residents.

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:
1. Pre-Audit Questionnaire
2. SOP #1252 – PREA Treatment
3. SOP #1129 – Privileged Communication
4. Family Advocacy Network Posters

Interviews Conducted:
1. Facility Administrator
2. PREA Coordinator
3. Family Advocacy Network Director
4. 15 random residents

Findings by Provision:
115.353 (a): The auditor reviewed SOP #1252 – PREA Treatment in paragraph 6.2.6 which states, “All juveniles will be provided access to outside victim advocates for emotional support services related to sexual abuse”. The policy and the Family Advocacy Network (FAN) posters that are located in all juvenile housing areas list the Family Advocacy Network address and phone number. The auditor spoke with the Director for the Family Advocacy Network, who stated that they will provide advocacy services as well as confidential support services to youth at this facility.

115.353 (b): The auditor interviewed the PREA Coordinator stated that the facility will enable reasonable communication between residents and FAN in as confidential a manner as possible. These procedures were confirmed by speaking with both staff and residents. Residents can either call from a resident phone in the dayroom or ask their case manager for a private call in an office.

115.353 (c): The auditor reviewed the Memorandum of Understanding (MOU) that the YRTC-H facility entered into with the FAN. The MOU outlines the services such as providing an advocate that can accompany and support the victim through the forensic medical examination process and investigatory interviews and provide confidential emotional support, crisis intervention, information, and referrals.

115.353 (d): The auditor reviewed the SOP #222 – Privileged Communication in paragraph 6.1 states, “Juveniles have access to counsel, confidential contact with attorneys, their authorized representatives, the courts, and to legal material. Contact includes, but is not limited to telephone communications, uncensored correspondence, and visit”. Paragraph 6.2 states, “Juveniles send sealed letters to a specified class of persons and organizations including but not limited: courts, counsel officials of the confining authority, administrators of grievance systems, and members of the releasing authority”. Paragraph 6.4.1 states, “The youth counselor I, or other supervisory staff, assist juveniles in making confidential contact with attorneys and their authorized representative, probation officer, children and family services case workers, and other judicial affiliates”. Paragraph 6.4.2 states, “Persons who are afforded confidential contact with a juvenile must include a juvenile’s attorney, committing Judge, Guardian Ad Litem, probation officer, children and family services case workers, any representative of the Office of the Public Counsel, any representative of the Office of Inspector General for Child Welfare, Office of

	Juvenile Services administrator, and any Nebraska state senator". In addition, SOP # 224 in paragraph 6.3 states, "The youth counselor I will verify the phone number(s) on the calling system form by confirming with the juvenile's probation officer. Only parents, grandparents, siblings, and guardians are allowed to be called, unless approval is received from administration for other numbers to be entered". The auditor also reviewed the youth handbook and spoke with residents who stated that they can speak with their staff to set up an appointment with their attorney and others at any time. Youth stated that they are given 60 minutes per week to speak with their family and typically speak with their family every day. The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1252, SOP #1129, and the MOU with FAN, and through interviews with the Facility Administrator, the PREA Coordinator, FAN Director, and residents.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251 3. Information on DHHS website 4. End the Silence brochure 5. Parent Handbook **Interviews Conducted:** 1. Facility Administrator 2. PREA Compliance Specialist 3. 15 random residents **Findings by Provision:** **115.354:** The auditor reviewed the Nebraska DHHS website at https://dhhs.ne.gov/Pages/YRTC-Facilities.aspx. The website provides in big, bold information the Adult & Child Abuse & Neglect Hotline (800) 652-1999. Also, the Parent Handbook and the Youth Handbook are available on the website as well. These publications provide information on how an individual can make a third-party report. Methods include agency and facility leadership, Child Protective Services, and Nebraska Ombudsman with contact information for each of these. Interviews with staff and residents confirm that third-party reporting options are available. The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1251, a review of the website, by testing some of the third-party reporting options, and through interviews with the PREA Compliance Specialist, and residents.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251—PREA Prevention 3. Mental Health Informed Consent form 4. YRTC- PREA Reporting Guide for Outside Representatives form **Interviews Conducted:** 1. Facility Administrator 2. PREA Compliance Specialist 3. Nurse 4. Clinical Program Manager 5. 12 Random Staff **Findings by Provision:** **115.361 (a) and (b):** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.5.1 which states, “Staff shall report immediately any knowledge, suspicion, or information they receive regarding an allegation included from the list of 6.4.1.1-14. This shall be done in accordance with the mandatory child abuse reporting laws” The auditor reviewed the list that is referenced in this SOP, and it includes sexual abuse, sexual assault, sexual harassment, retaliation for reporting sexual abuse or sexual harassment, or cooperating with investigations of sexual abuse or sexual harassment and voyeurism. The auditor interviewed the Facility Administrator, the PREA Compliance Specialist, and random staff who consistently stated that all YRTC-H facility staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. When an allegation of sexual abuse or sexual harassment are reported they are immediately turned over to the Compliance Team who are all trained administrative investigators and reported to Child Protective Services and/or Nebraska State Patrol. **115.361 (c):** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.5.1 which states, “Aside from reporting the incident to Facility Administrator or designee, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary”. **115.361 (d):** The auditor interviewed the nurse and a clinical program manager who stated that they know that if they become aware of any reports of sexual abuse, they are immediately required to report it to Child Protective Services and the Compliance team. All youth sign a Mental Health Informed Consent form at intake that describes their limits to confidentiality to include if they tell them if they are being abused, physically, sexually, or emotionally, or that they have been abused or neglected in the past and this abuse has not been previously reported. The law requires that they file a report with DHHS as required by law.

115.361 (e): The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.14.6 which states, “At the conclusion of the administrative investigation of an alleged sexual abuse, the PREA Compliance Specialist or designee will notify the alleged victim’s parent/guardian to inform them that a Hotline call was made, an internal investigation has taken place, and the results of that investigation, unless the facility has official documentation showing that parents/guardian should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim’s caseworker. The victim’s attorney or other legal representative of record within 14 days of receiving the allegation". The auditor interviewed the PREA Compliance Specialist and reviewed the YRTC- PREA Reporting Guide for Outside Representatives. This form documents the contacts made to parents/guardian, caseworkers, attorney, and assigned probation officer.

115.361 (f): The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.5.3 which states, “Staff shall immediately contact facility investigators of any knowledge, suspicion, or information they receive or observe regarding incidents of sexual abuse or sexual harassment that occurred at any YRTC or to a juvenile under the care of a YRTC. Retaliation against juveniles or staff who reported such an incident or cooperated with an investigation of sexual abuse or sexual harassment. Any staff neglect/violation of responsibilities that may have contributed to an incident or retaliation. Third party and anonymous reports”.

The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1251, a review of the residents' YRTC- PREA Reporting Guide for Outside Representatives, and through interviews with the administrative staff, medical and mental health staff, and random staff.

115.362	Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:
1. Pre-Audit Questionnaire
2. SOP #1251 – PREA Prevention

Interviews Conducted:
1. DHHS Facilities Director
2. Facility Administrator
3. 12 Random staff

Findings by Provision:
115.362: The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.11 which states, “At any time, staff learns that a juvenile is subject to a substantial risk of imminent sexual abuse, they will take immediate action to protect the juvenile”.

	The auditor interviewed the DHHS Facilities Director who stated that his expectation is that they make sure that the resident is safe. He expects them to do something immediately by either taking the resident to a safe place or be with them the entire time under direct supervision. Their next step is to report it. The Facility Administrator stated that she expects the staff to immediately remove a resident from the threat -- making whatever adjustments are necessary, call a YSS, and put a safety plan in place. She expects a threat should be treated like the same as first response to a sexual abuse – separate and immediate call the YSS and get me so that we can make some housing decisions. If they need to, they will move someone into a different housing unit. During interviews with staff, their response was also to make sure they were immediately separated and for staff to be vigilant in their supervision. The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1251, and through interviews with the DHHS Facilities Director, the Facility Administrator, and random staff.

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251—PREA Prevention 3. Email to Facility Administrator 4. Documentation of call to Child Protective Services and facility **Interviews Conducted:** 1. Facility Administrator **Findings by Provision:** **115.363 (a):** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.10.1 it states, “If a juvenile was sexually abused while confined at another facility, the YRTC Facility Administrator or designee will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency”. **115.363 (b):** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.10.2 it states, “Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation”. **115.363 (c):** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.10.3 it states, “The Facility Administrator will document that it has provided such notification”.

	115.363 (d): The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.10.4 it states, “The facility that receives such notification shall ensure that the allegation is investigated”. The auditor interviewed the Facility Administrator. If there is an allegation that a resident was sexually abused while confined in another facility, the Facility Administrator notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. If such an allegation is received by them from another facility, an investigation will be initiated immediately. Both notifying other agencies and receiving notifications are documented. The Facility Administrator stated that all reports are also reported to the PREA Compliance Team and to the Child Protection Services Abuse and Neglect Hotline. There were two incidents reported regarding sexual abuse that occurred at another facility. The auditor reviewed documentation verifying incidents are reported to the other facility as well as documentation that it was reported to the Child Protective Services hotline. There have been no incidents reported to the YRTC-H facility administrators by other facilities. The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1251, a review incident spreadsheet that documents who the notice was made to and through interviews with the Facility Administrator.

115.364	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251 – PREA Prevention 3. First Responder reports 4. 6 Investigative Files **Interviews Conducted:** 1. 12 Random Staff 2. Volunteer/Contractor **Findings by Provision:** **115.364 (a)**: The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.11.2.1 which states, “Immediately separate the alleged victim and the abuser. 6.11.2.2 Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 6.11.2.3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request and ensure that the alleged victim and 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.6.11.3 Staff will immediately contact a

	Youth Security Supervisor (YSS) or a Behavior Tech Lead (BTL) on shift so that immediate action may be taken.6.11.4 Staff will complete the First Responder form6.11.5 The YSS or BTL will then notify the Facility Administrator and the Compliance Coordinator". The auditor interviewed staff who were aware of their first responder duties and could articulate how to implement proper procedures. Staff stated they would first separate the alleged victim and the alleged abuser. The alleged victim would be taken to a more private area. They would encourage the alleged victim to protect any evidence by not washing, brushing teeth, changing clothes, using the restroom, drinking or eating until the physical evidence can be collected by a SANE. They would remove the alleged abuser and again, not allow them to wash, brush teeth, change clothes, use the restroom, drink or eat until the physical evidence can be collected by a SANE. The staff would secure and protect any physical area where there may be evidence to be collected. They will determine if the situation requires immediate involvement of law enforcement or medical personnel and also notify the supervisor. If immediate medical attention is needed, they would call for medical staff, an ambulance, or arrange to take them to the hospital to provide immediate medical care. There have been no instances where the first responder response required. **115.364 (b):** The auditor interviewed a contractor who stated that they are trained to stay with the juvenile until they can turn them over to a YSS to ensure that they don't destroy evidence. There was one incident reported by a non-custody staff, but the alleged incident had happened two weeks prior to the report. The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1251, the First Responder reports, a review of investigative files, and through interviews with the random staff and a contractor.

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251 – PREA Prevention 3. SOP #1252 – PREA Treatment 4. First Responder form **Interviews Conducted:** 1. Facility Administrator 2. Nurse 3. Clinical Program Manager 4. 12 random staff

	Findings by Provision: **115.365:** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 3.3 which states, “When a YRTC has reasonable cause to believe that a juvenile has been subjected to abuse or neglect, including sexual and physical abuse, harassment, or assault, they have a legal and ethical duty to report said abuse/ neglect. Therefore, each YRTC maintains detailed procedures to report these incidents and ensures that follow-up counseling and supervision concerns are addressed. These procedures include the YRTC written plan outlining coordinated actions in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility administration”. The auditor also reviewed the First Responder form which includes a checklist and outlines First Responder duties, the notification processes to include contacting the Youth Security Supervisor on duty, a Compliance Team staff member, and Administration. The form includes a section for compliance staff to document evidence collection documentation. All Compliance Team staff are trained administrative investigators. The auditor reviewed SOP #1252 – PREA Treatment in paragraph 6.2 which states, “The compliance Coordinator or designee will contact the Nebraska State Patrol to report incidents of sexual assault. The Compliance Coordinator or designee will facilitate contact between the Nebraska State Patrol and the Family Advocacy Network to arrange for initial intake and transportation arrangements. All subsequent medical and investigative provisions are conducted according to the protocols of the Family Advocacy Network/Child Advocacy Cener, DHHS staff, and/or Nebraska State Patrol officials". The auditor reviewed SOP #1252 – PREA Treatment which states in paragraph 6.2.4 that, “Juvenile victims of sexual abuse will receive timey, 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”. The auditor interviewed the nurse and the clinical program manager who both confirmed that they or their staff will respond to any immediate medical or mental health emergency on the campus. The auditor interviewed the Facility Administrator, the nurse, the clinical program manager, and staff who verified the coordinated actions for the coordinated response plan. The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1251, SOP #1252, and the First Responder form, and through interviews with the Facility Administrator, the nurse, the clinical program manager, and random staff.

115.366	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1268 – Employee Discipline 3. SOP #199 – Classification 4. SOP #1279 – Youth Rights **Interviews Conducted:** 1. DHHS Facilities Director **Findings by Provision:** **115.366 (a):** The auditor reviewed SOP #1268 – Employee Discipline in paragraph 6.8.1 which states, “Neither the OJS/YRTCs or any other governmental entity responsible for collective bargaining on OJS/YRTC’s behalf shall entire into or renew any collective bargaining agreement or other agreement that limits OJS/YRTC’s ability to remove alleged staff sexual abusers from contact with juveniles pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted". The auditor interviewed the DHHS Facilities Director and the collective bargaining agreements disciplinary sections. The DHHS Facilities Director stated that there is nothing that would prohibit the Facility Administrator’s ability to remove an alleged abuser from contact with residents. **115.366 (b):** The auditor reviewed SOP #1268 –Employee Discipline in paragraph 6.8.2 which states, “OJS/YRTC shall not restrict the entering into or renewal of agreements that govern: 6.8.2.1 The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions that pertain to the PREA evidentiary standards or PREA disciplinary sanctions for staff as noted in applicable PREA standards. 6.8.2.2.2 Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated". The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1268, and an interview with the DHHS Facilities Director.

115.367	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251—PREA Prevention 3. 90 Day Tracking Sheet 4. Protection Against Retaliation – Staff Form

5. Protection Against Retaliation – Youth Form

Interviews Conducted:
1. DHHS Facilities Director
2. Facility Administrator
3. PREA Compliance Manager
4. Case Manager
5. Unit Manager
6. Juvenile who reported sexual abuse

Findings by Provision:
115.367 (a) and (e): The auditor reviewed SOP #1251—PREA Prevention in paragraph 6.14.7 which states, “The Compliance Specialist will ensure juveniles and staff who report sexual abuse or sexual harassment or who cooperate with the investigation will be protected from retaliation by other juveniles or staff”. The auditor discussed retaliation monitoring with the PREA Compliance Manager who stated that the Case Manager will monitor the conduct or treatment of juveniles, and the Unit Managers will monitor the conduct or treatment of staff. The auditor interviewed a juvenile who reported sexual abuse, and she stated that there was no retaliation. She did not feel safe at first but did later. Both the DHHS Facilities Director and the Facility Administrator stated that they provide appropriate training to staff regarding protective measures against retaliation and ensure that, if necessary, the parties are separated to prevent retaliation.

115.367 (b): The auditor reviewed SOP #1251—PREA Prevention in paragraph 6.14.8 which states, “Protection measures, such as removal of housing changes/ transfers for juvenile victims or abusers, removal of alleged staff or juvenile abusers from contact with the victim, as well as emotional support services for the juvenile and/or staff who fear retaliation for reporting sexual abuse or sexual harassment will be implemented". The Unit Manager stated when monitoring staff who may have reported another staff, she would check in with them right away and then every two weeks. The YSS assigns the work location. Higher seniority bids for jobs. There is a process and only the unit managers are allowed to give disciplinary action. The Case Manager interviewed stated that their measures would depend on the severity of the incident. The resident who was the alleged perpetrator would always be moved to a different unit, and she would check in with the resident at least every other week. She would watch for bullying.

115.367 (c): The staff interviewed and SOP #1251 both stated that monitoring would continue for a minimum of 90 days but would continue beyond that if needed.

115.367 (d): The staff interviewed stated that they would visit with the juvenile or staff regarding any threats, comments, or actions against them.

115.367 (f): The auditor reviewed SOP #1251—PREA Prevention in paragraph 6.14.10 which states, “Monitoring for retaliation shall terminate if it is determined the allegation is unfounded”.

The auditor determined compliance through a review of the pre-audit questionnaire,

	a review of SOP #1251, a review of the documents listed above, and through interviews with the administrators, the PREA Compliance Manager, a youth Case Manager, and a juvenile who reported sexual abuse.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251 – PREA Prevention 3. 6 Investigative Reports **Interviews Conducted:** 1. Facility Administrator 2. Nurse 3. 12 random staff **Findings by Provision:** **115.368:** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.2.2.5.1 which states, “Juveniles may be confined from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged”. The auditor interviewed the Facility Administrator, the nurse, and staff who all consistently stated that they do not use isolation as protection to keep residents safe from sexual abuse or who suffered from sexual abuse. They will ensure that a resident who is alleged to have suffered sexual abuse will be watched continuously through close staff supervision There have been no juveniles placed in isolation from other residents for protective measures against sexual abuse.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251 – PREA Prevention 3. SOP #1252 – PREA Treatment 4. 6 Investigative Reports 5. Administrative Investigator training certificates 6. Nebraska State Patrol letter

Interviews Conducted:
1. Facility Administrator
2. PREA Coordinator
3. Facility Administrative Investigator

Findings by Provision:
115.371 (a): The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.12.3.1 which states, “To the extent that YRTC conducts its own investigations into allegations of sexual abuse and sexual harassment, shall do so promptly, thoroughly, and objectively for all allegations, inducing third-party and anonymous reports”. The auditor interviewed the Facility Administrator, the PREA Coordinator, and a Facility Administrative Investigator who stated that as soon as they receive the allegation, the investigator from compliance is assigned and immediately begins the investigation.

115.371 (b): The auditor reviewed SOP #1251— PREA Prevention in paragraph 6.1.6 which states, “Only investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to PREA standard 115.334 will conduct the investigation”. The YRTC has six trained facility investigators to conduct administrative investigations. The auditor reviewed specialized training certificates which showed they completed specialized investigator training.

115.371 (c): The auditor reviewed SOP #1251— PREA Prevention in paragraph 6.12.4 which states, “YRTC investigators shall take measures to secure the scene and protect and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Interviews shall be conducted with alleged victims, suspected perpetrators, and witnesses, and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator”. The auditor interviewed the PREA Compliance Specialist who has been specially trained as an administrative investigator. He stated that to the extent they would be responsible for their facility administrative investigations they are trained to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews of alleged victims, suspected perpetrators, and witnesses. They will review prior complaints and reports of sexual abuse involving the suspected perpetrator. They are also responsible for gathering, preserving, and reviewing camera footage. The auditor reviewed the investigative reports, and they documented well all evidence gathered through the investigative process.

115.371 (d): The auditor reviewed SOP #1251— PREA Prevention in paragraph 6.12.8 which states, “An investigation will not be terminated solely because the source of the allegation recants the allegation”. The auditor interviewed the administrative investigator who verified that the investigation would not terminate solely because the resident later recanted the allegation.

115.371 (e): The auditor interviewed the administrative investigator who stated that when interviewing staff, we always tell them they have a right to refuse the interview and can leave at any time. When it is a criminal case, the Nebraska State

	Patrol handles the consultation with the prosecutor before conducting compelled interviews. **115.371 (f):** The auditor reviewed SOP #1251— PREA Prevention in paragraph 6.12.6 which states, “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as a juvenile or staff. YRTC shall not require a juvenile who alleges sexual abuse to submit to a polygraphy examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation”. The auditor interviewed a facility administrative investigator who stated that he doesn’t base credibility on whether they are a resident or a staff member. During each investigation, credibility is judged on a case-by-case depending on the evidence. He read the Credibility Assessment training document in the PREA Resource Center library for further understanding. They do not use polygraphy examination. The auditor reviewed investigative reports that verify that they look for consistent statements and evidence that supported the credibility of the people interviewed. **115.371 (g):** The auditor reviewed SOP #1251— PREA Prevention in paragraph 6.12.10 which states, “Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. 16.12.11 Administrative investigations shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings”. The facility administrative investigator stated that the big factor is looking at camera coverage and looking at who is where. The other items are what is said in the interviews by the residents, what is said by the staff, what does the policy say, and do they all line up. he looks at what the staff were doing at the time of the incident. The auditor reviewed investigative reports. The reports include information on what staff were doing when they review the camera footage and make a statement regarding proper supervision or lack of supervision. The investigator stated that if they find staff’s actions or failures to act during the investigation, they refer them to the Facility Administrator. **115.371 (h):** The auditor reviewed SOP #1251— PREA Prevention in paragraph 6.12.2.2 which states, “Criminal investigations conducted by the NSP shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence when feasible”. The auditor interviewed the PREA Coordinator who stated that they will request criminal investigative reports from NSP. **115.371 (i):** The auditor reviewed SOP #1251— PREA Prevention in paragraph 6.12.2 which states, “YRTC shall ensure that all allegations of abuse, neglect, sexual harassment, sexual abuse/assault are referred for criminal investigation to the Nebraska State Patrol to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior". Paragraph 6.12.2.3 states, “Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution”. The auditor interviewed the administrative investigator who stated that they will defer to law enforcement when the criminal case is substantiated and referred for

	prosecution. They have had no cases at this facility that were referred for prosecution. **115.371 (j):** The auditor reviewed SOP #1252— PREA Treatment in paragraph 6.4.1 which states, “Each YRTC shall retain written reports from all criminal and administrative investigations for as long as the alleged abuser is incarcerated or employed by a YRTC, plus five years, unless the abuse was committed by a juvenile and applicable law requires a shorter period of retention.” **115.371 (k):** The auditor reviewed SOP #1251— PREA Prevention in paragraph 6.12.9 which states, “The departure of the alleged abuse or victim from a YRTC shall not provide a basis for terminating an investigation”. The Facility Administrative Investigator stated that investigations are completed regardless of whether the staff member was still employed, or the resident was still housed at the facility. **115.371 (l):** The auditor reviewed the letter from the Nebraska State Patrol, Superintendent of Law Enforcement and Public Safety which states, “Investigations will be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Nebraska State Patrol Investigators have received specialized training in sexual abuse investigations involving juvenile victims. The Nebraska State Patrol will not terminate an investigation solely because the source of the allegation recants the allegations. Investigations conducted by the Nebraska State Patrol will continue to be mindful and consistent with the PREA standards for juvenile facilities”. **115.371 (m):** The auditor reviewed SOP #1251— PREA Prevention in paragraph 6.12.2.1 which states, “When the Nebraska State Patrol (NSP) or other outside agencies investigate sexual abuse, all staff shall cooperate with investigators and the facilities shall endeavor to remain informed about the progress of the investigation". The Facility Administrative Investigator stated that their role in any investigation led by NSP is to provide whatever assistance they may need and to keep communication open with them to remain informed of the progress of the investigation. The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1251, SOP #1252, a review of investigative reports, a review of specialized investigator training, and through interviews with the Facility Administrative Investigator.

115.372	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire

	2. SOP #1251—PREA Prevention 3. 6 Investigative Reports **Interviews Conducted:** 1. Administrative Investigator **Findings by Provision:** **115.372:** The auditor reviewed SOP #1251 – PREA Prevention in paragraph 6.12.7 which states, “When conducting an investigation, a YRTC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated”. The auditor interviewed the administrative investigator and reviewed investigative reports and was satisfied that this facility uses no standard higher than a preponderance of the evidence. He stated that they use a preponderance of evidence which means that more than likely to have occurred – more than 50% believed through the evidence that the incident occurred. The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1251 and the administrative investigation reports, and through an interview with the administrative investigator.

115.373	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1252 – PREA Treatment 3. 6 Investigative Reports 4. 6 Outcome to Resident forms **Interviews Conducted:** 1. Facility Administrator 2. PREA Coordinator 3. Administrative Investigator 4. Resident who received an outcome **Findings by Provision:** **115.373 (a):** The auditor reviewed SOP #1252 – PREA Treatment which states in paragraph 6.3.1 that, “Following an investigation into a juvenile’s allegation of sexual abuse occurring at a YRTC, the juvenile shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded”. The auditor interviewed the Facility Administrator and an Administrative Investigator who stated that they will deliver in person a form which will have the outcome of the investigation and the resident signs, acknowledging

	that they received the outcome of the investigation. The auditor reviewed notices of the outcome to the residents. **115.373 (b):** The auditor reviewed SOP #1252 – PREA Treatment which states in paragraph 6.3.3.1 which states, “If the investigation was conducted by an external agency, the YRTC hall request the relevant information to inform the juvenile”. The auditor interviewed the PREA Coordinator who stated that if the Nebraska State Patrol conducts the investigation, they will obtain the information from them so that they can inform the resident as to the progress of the case and the conclusion. **115.373 (c):** The auditor reviewed SOP #1252 – PREA Treatment which states in paragraph 6.3.2 which states, “Following a juvenile’s allegation that a staff member has committed sexual abuse against the juvenile, the juvenile shall be informed following (unless it was determined the allegation is unfounded): 6.3.2.1 If the staff member is no longer posted within the juvenile’s living unit; 6.3.2.2 If the staff member is no longer employed at the facility. 6.3.2.3 If it is known that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility". The auditor reviewed the investigative files and interviewed the Administrative Investigator. There have been no substantiated or unsubstantiated allegations of sexual abuse against staff in which these processes were required. **115.373 (d):** The auditor reviewed SOP #1252 – PREA Treatment which states in paragraph 6.3.3 which states, “Following a juvenile’s allegation that they been sexually abused by another juvenile, the juvenile shall be informed of the following: 6.3.3.1 If it is known that the alleged abuser has been indicted or convicted on a charge related to sexual abuse at a YRTC". The auditor reviewed the investigative files and interviewed the Administrative Investigator. There have been no substantiated or unsubstantiated allegations against residents in which the resident abuser was indicted or charged. However, there were incidents in which sexual touching was substantiated, and the resident was notified of the outcome of the investigation. **115.373 (e):** The auditor reviewed SOP #1252 – PREA Treatment which states in paragraph 6.3.4 that, “All such notifications or attempted notifications shall be documented”. The auditor reviewed notices to residents in which the residents signed that they received the outcome of the investigation **115.373 (f):** The auditor reviewed SOP #1252 – PREA Treatment which states in paragraph 6.3.4.1 that, “YRTC’s obligation to report shall terminate if the juvenile is released from a YRTC”. The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1252, a review of the investigative reports, and notice of the outcomes to the residents, and through interviews with the Facility Administrator, an Administrative Investigator, and a resident who received an outcome notice.

115.376	**Disciplinary sanctions for staff**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1268 – Employee Discipline 3. 6 Investigative Reports **Interviews Conducted:** 1. Facility Administrator **Findings by Provision:** **115.376 (a):** The auditor reviewed SOP #1268 -- Employee Discipline in paragraph 6.6.1 which states, “Employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies”. **115.376 (b):** The auditor reviewed SOP #1268 -- Employee Discipline in paragraph 6.6.1.1 which states, “Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse”. **115.376 (c):** The auditor reviewed SOP #1268 -- Employee Discipline in paragraph 6.6.2 which states, “Disciplinary sanctions for violations of policy relating to sexual abuse 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”. **115.376 (d):** The auditor reviewed SOP #1268 -- Employee Discipline in paragraph 6.6.3 which states, “All terminations for violations of sexual abuse and sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies”. The auditor interviewed the Facility Administrator who stated that discipline would be commensurate with the nature and circumstances of the allegation committed, the staff member’s disciplinary history, and comparable incidents, but that termination would be the presumptive discipline for substantiated allegations of sexual abuse. All reports of sexual abuse perpetrated by a staff will be reported to law enforcement, CPS, and any relevant licensing bodies. There were no substantiated or unsubstantiated allegations against staff. The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1268, a review of investigative reports, and through an interview with the Facility Administrator.

115.377	**Corrective action for contractors and volunteers**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1268 – Employee Discipline 3. 6 Investigative Reports **Interviews Conducted:** 1. Facility Administrator **Findings by Provision:** **115.377 (a):** The auditor reviewed SOP #1268 -- Employee Discipline in paragraph 6.7.1 which states, “Any contact personnel or volunteer who engages in sexual abuse shall be prohibited from contact with any juvenile and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies”. **115.377 (b):** The auditor reviewed SOP #1268 -- Employee Discipline in paragraph 6.7.2 which states, “The OJS and the YRTCs will take appropriate remedial measures and shall consider whether to prohibit further contact with juveniles, in case of any other violation of sexual abuse or sexual harassment policies by contract personnel or volunteers”. The auditor interviewed the Facility Administrator who stated that it would depend on the situation. If it were a serious act involving sexual abuse, they would immediately be removed from the campus and if criminal, contact law enforcement to seek prosecution. There may be a less serious situation where they would always have to be with a YRTC staff. She stated that she can stop contact with residents until the investigation process is complete. Contractors and volunteers are often supervised by staff while providing services to residents within the facility. The auditor reviewed the investigative reports and there were no allegations against contractors or volunteers.

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1279 – Youth Rights 3. 6 Investigative Reports **Interviews Conducted:**

1. Facility Administrator

Findings by Provision:
115.378 (a): The auditor reviewed SOP #1279 – Youth Rights in paragraph 6.6.6 which states, “Juveniles may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the juvenile engaged in juvenile-on-juvenile sexual abuse or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse”.

115.378 (b): The auditor reviewed SOP #1279 – Youth Rights in paragraph 6.6.6.1 which states, “Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the juvenile’s disciplinary history, and the sanctions imposed for comparable offenses by other juveniles with similar histories. In the event a disciplinary sanction results in the confinement of a juvenile, they will receive Daily large-muscle exercise; Educational programming or special education services; and other programming and work opportunities to the extent possible”. The Facility Administrator stated that discipline would depend on the level of the abuse. Rule infractions mean that a juvenile does not progress in their program, but it could mean a loss of privileges such as loss of canteen or video games, or for criminal acts, they would pursue criminal charges. She stated that isolation is not used for disciplinary sanctions. It would only be used if they are a threat to someone’s safety because their behavior is not under control. But typically, they are placed on one-on-one staff supervision, and they have to keep a certain distance away from other residents.

115.378 (c): The auditor reviewed SOP #1279 – Youth Rights in paragraph 6.6.6.2 which states, “The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed”. The auditor interviewed the Facility Administrator who stated that this would always be considered. The whole team meets to discuss. In the case of a resident who may have a mental disability or mental illness, mental health staff will give suggestions for what is appropriate.

115.378 (d): The auditor reviewed SOP #1279 – Youth Rights in paragraph 6.6.6.3 which states, “The juvenile may receive counseling, therapy, or other interventions designed to address and correct underlying reasons or motivations for the abuse”. Paragraph 6.6.6.4 states, “Juveniles may be required to participate in such interventions as a condition to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access general programming or education”.

115.378 (e): The auditor reviewed SOP #1268 -- Employee Discipline in paragraph 6.6.6.5 which states, “Juveniles may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact”. The auditor interviewed the Facility Administrator who stated there have been no incidents of this type at the facility.

115.378 (f): The auditor reviewed SOP #1268 -- Employee Discipline in paragraph 6.6.7 which states, “A report of sexual abuse made in good faith based upon a

	reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation". **115.378 (g):** The auditor reviewed SOP #1268 -- Employee Discipline in paragraph 6.6.8 which states, "Sexual activity between juveniles is prohibited and juveniles will be disciplined for such activity; however, sexual action will not constitute sexual abuse if it is determined that the activity is not coerced." The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1268, a review of investigative reports, and an interview with the Facility Administrator.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1251 – PREA Prevention 3. Informed Consent form 4. PREA Screening **Interviews Conducted:** 1. Clinical Program Manager 2. Mental Health Staff responsible for screening 3. Resident who has sexual victimization on screening **Findings by Provision:** **115.381 (a) and (b):** The auditor reviewed SOP #1251 – PREA Prevention which states in paragraph 6.2.7 that, "If the screening for Vulnerability, Assaultive, and Sexually Aggressive Behavior tool indicates that a juvenile has experienced prior sexual victimization or previously perpetrated sexual abuse, staff will ensure that the juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake process". A mental health staff completes the screening process within the first 24 hours of a youth's arrival. If there is any previous sexual abuse history or a history of the perpetration of sexual abuse, this information becomes a part of the mental health file and is discussed with the treatment team. The auditor interviewed the clinical program manager who stated that mental health staff assess all juveniles to determine their treatment needs, and a treatment team meets with the youth during the first week after orientation to discuss their treatment plan with the youth.

	115.381 (c) and (d): The auditor reviewed SOP #1251 – PREA Prevention which states in paragraph 6.2.8 that, “Any information related to sexual victimization will be strictly limited to medical and mental health practitioners and other staff, as necessary, when decisions are made regarding treatment plans, security, and management of the juvenile”. Paragraph 6.2.9 states, “Medical and mental health practitioners shall obtain informed consent from juveniles before reporting information about prior sexual victimization that did not occur in an institutional setting unless the juvenile is under the age of 18”. The clinical program manager stated that all residents sign an informed consent form when they first meet with the mental health staff. This form advises them of their rights concerning confidential information but states that as required by law, they have to report any type of abuse to juveniles. The auditor confirmed that the screening information was either locked in an office or stored on a secure drive in which access is given only to those who need to know the information and password protected.

115.382	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #168 – Emergency Medical Care **Interviews Conducted:** 1. Clinical Program Manager 2. Nurse Administrator 3. First Responders **Findings by Provision:** **115.382 (a):** The auditor reviewed SOP #168 -- Emergency Medical Care in paragraph 6.6.1 which states, “Resident victims of sexual abuse shall 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”. **115.382 (b):** The auditor reviewed SOP #168 -- Emergency Medical Care in paragraph 6.6.2 which states, “If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to 115.362 and shall immediately notify the appropriate medical and mental health practitioners”. **115.382 (c):** The auditor reviewed SOP #168 - Emergency Medical Care in paragraph 6.6.3 which states, “Resident victims of sexual abuse while incarcerated

	shall be offered timely information and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate". **115.382 (d):** The auditor reviewed SOP #168 -- Emergency Medical Care in paragraph 6.6.4 which states, "Treatment services shall be 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". The auditor reviewed SOP #168 and interviewed the nurse, the clinical program manager, and first responders. The nurse and mental health staff can provide immediate medical care and crisis intervention services, but if more critical care is needed the resident would be transported to the hospital or an ambulance called. Both the nurse and the clinical program manager stated that their personal judgement at that facility would be followed.

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #166 – Availability of Health Care **Interviews Conducted:** 1. Nurse 2. Clinical Program Manager **Findings by Provision:** **115.383 (a):** The auditor reviewed SOP #166 – Availability of Health Care in paragraph 6.4.7.1 which states, "The facility shall 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". **115.383 (b):** The auditor reviewed SOP #166 – Availability of Health Care in paragraph 6.4.7.2 which states, "The evaluation and treatment of such victims shall 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". **115.383 (c):** The auditor reviewed SOP #166 – Availability of Health Care in paragraph 6.4.7.3 which states, "Staff shall provide such victims with medical and mental health services consistent with the community level of care".

	115.383 (d): YRTC-H is an all-female facility. The auditor reviewed SOP #166 – Availability of Health Care in paragraph 6.4.7.4 which states, “Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests”. **115.383 (e):** YRTC-H is an all-female facility. The auditor reviewed SOP #166 – Availability of Health Care in paragraph 6.4.7.5 which states, “If pregnancy results from conduct specified in paragraph 6.3.7.4 of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services”. **115.383 (f):** The auditor reviewed SOP #166 – Availability of Health Care in paragraph 6.4.7.6 which states, “Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate”. **115.383 (g):** The auditor reviewed SOP #166 – Availability of Health Care in paragraph 6.4.7.7 which states, “Treatment services shall be 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”. **115.383 (h):** The auditor reviewed SOP #166 – Availability of Health Care in paragraph 6.4.7.8 which states, “The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners”. The auditor reviewed SOP #166 and interviewed the nurse and clinical program manager who stated that ongoing medical and mental health evaluations and treatment are offered at no cost to sexual abuse victims and abusers. The nurse or the mental health staff would follow up to ensure that follow-up services recommended by the providers would be continued. These staff stated that the level of care provided is consistent with the community level of services, if not better than what some juveniles receive when in their home communities. The nurse stated that they are taking care of whatever needs to be don immediately.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #1252 – PREA Treatment 3. 6 Incident Review forms 4. 6 Investigative Reports

Interviews Conducted:
1. Facility Administrator
2. PREA Coordinator
3. PREA Compliance Specialist

Findings by Provision:
115.386 (a): The auditor reviewed SOP #1252 – PREA Treatment in paragraph 6.5.1 which states, “A sexual abuse incident review will be conducted 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”.

115.386 (b): The auditor reviewed SOP #1252 – PREA Treatment in paragraph 6.5.2 which states, “Sexual abuse incident reviews will occur within 30 days of the conclusion of the investigation”.

115.386 (c): The auditor reviewed SOP #1252 – PREA Treatment in paragraph 6.5.1 which states, “Sexual abuse incident reviews will be conducted by a review team including upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners".

115.386 (d): The auditor reviewed SOP #1252 – PREA Treatment in paragraph 6.5.3 which states, “The review team shall consider the following during the review: 6.5.4.1 Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. 6.5.4.2 Whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. 6.5.4.3 Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. 6.5.4.4 Assess the adequacy of staffing levels in that area during different shifts. 6.5.4.5 Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff".

115.386 (e) The auditor reviewed SOP #1252 – PREA Treatment in paragraph 6.5.5 which states, “The review team will prepare a report of its findings, including but not necessarily limited to the criteria listed above and any recommendations for improvement. The report will be submitted for the Facility Administrator and filed with the Compliance Specialist. 6.5.5.1 The facility shall implement the recommendations for improvement or shall document its reasons for not doing so”.

The auditor reviewed the documentation of six incident reviews. The YRTC-H uses a form to complete their incident review. The form has headings to trigger discussion on the motivation for the incident and has a required explanatory section so that it is not a “check the box” form. The form includes areas for discussion on the area where the incident occurred and changes that may be needed in policy or practice. The managers documented meaningful discussion on the incident review forms related to the specifics of the sexual abuse incidents.

	Reviews were completed within 30 days of the investigation and all the required components of the standard were considered. Although it is commendable that they would review substantiated sexual harassment incidents as well, this is not required by the standard. The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #1252, a review of 6 investigative reports, and six sexual abuse incident reviews, and through interviews with the Facility Administrator, the PREA Coordinator, and the PREA Compliance Specialist.

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #681 – Management of Information Systems 3. 6 Investigative Reports 4. 2023 Annual Report with aggregate data 5. 2024 aggregate data up to October 2024 **Interviews Conducted:** 1. PREA Coordinator **Findings by Provision:** **115.387 (a):** The auditor reviewed SOP #681 – Management of Information Systems in paragraph 6.2.1.1 which states, “Accurate and uniform data will be collected for every allegation of sexual abuse at facilities using a standardized instrument and set of definitions”. **115.387 (b) and (d):** The auditor reviewed SOP #681 – Management of Information Systems in paragraph 6.2.1.1 which states, “Available reports, investigation files, and sexual abuse incident reviews will be used to collect data. This data will be maintained, reviewed, and totaled at least annually”. **115.387 (c):** The auditor reviewed SOP #681 – Management of Information Systems in paragraph 6.2.1.1 which states, “Data collected shall 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.” **115.387 (e):** The auditor interviewed the PREA Coordinator who stated that they do not contract for the confinement of their residents with another agency. **115.387 (f):** The auditor reviewed SOP #681 – Management of Information Systems in paragraph 6.2.1.1 which states, “Upon request, all data from the

	previous calendar year shall be reported to the Department of Justice no later than June 30th". The PREA Coordinator provided aggregate annual data for 2023 and 2024 up through the October audit date. The data included the number of allegations by type and outcome. The aggregated data for 2023 is also included in their annual report. The facility does not contract for the confinement of its residents. They have provided data to the Department of Justice in the Survey of Sexual Violence when requested.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #681 – Management of Information System 3. 2023 Annual reports with aggregate data **Interviews Conducted:** 1. DHHS Facilities Director 2. PREA Coordinator 3. OJS Compliance Manager 4. PREA Compliance Specialist **Findings by Provision:** **115.388 (a):** The auditor reviewed SOP #681 – Management of Information System in paragraph 6.2.2.1 which states, "All data shall be reviewed in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This should include identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions". **115.388 (b):** The auditor reviewed SOP #681 – Management of Information System in paragraph 6.2.2.1 which states, "The annual report should include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facility's progress in addressing sexual abuse". **115.388 (c):** The auditor reviewed SOP #681 – Management of Information System in paragraph 6.2.2.1 which states, "The annual report shall be approved by the Facility Administrator and made readily available to the public through its website". **115.388 (d):** The auditor reviewed SOP #681 – Management of Information System in paragraph 6.2.2.1 which states, "The facility may redact specific material from the annual report when publication would present a clear and specific threat to the

	safety and security of a facility but must indicate the nature of the material redacted". The auditor interviewed the DHHS Facilities Director who stated that he reviews and approves the annual report before it is posted on the agency website where it is made readily available to the public through their website at https://dhhs.ne.gov/Pages/YRTC-Facilities.aspx. The auditor discussed the aggregate data and the annual report with the PREA Coordinator, the OJS Compliance Manager, and the PREA Compliance Specialist and reviewed the annual report which has no redacted information. The YRTC-H facility's annual report is well written and meets the standard by containing information that discusses the effectiveness of their sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas and taking corrective action on an ongoing basis.

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. SOP #681 – Management of Information System 3. 2023 Annual report with aggregate data **Interviews Conducted:** 1. PREA Coordinator **Findings by Provision:** **115.389 (a):** The auditor reviewed SOP #681 – Management of Information System in paragraph 6.2.3.1 which states, "All data collected will be securely retained". **115.389 (b) and (c):** The auditor reviewed SOP #681 – Management of Information System in paragraph 6.2.3.1 which states, "Totaled data will be made readily available to the public at least annually through its website. All personal identifiers will be removed". **115.389 (d):** The auditor reviewed SOP #681 – Management of Information System in paragraph 6.2.3.1 which states, "Data will be maintained for at least 10 years after the date of its initial collection unless Federal, State, and local law requires otherwise". The auditor determined compliance through a review of the pre-audit questionnaire, a review of SOP #681, conversations and observation of previous information stored, and the 2023 annual report with the aggregate data and through interviews with the PREA Coordinator.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. DHHS website 3. Campus maps **Findings by Provision:** **115.401 (a) and (b):** There are three facilities operated by the Nebraska DHHS Office of Juvenile Services that require a PREA Audit – YRTC- Kearney, YRTC-Hastings, and YRTC-Lincoln. The first audit was conducted for YRTC-Kearney in October 2015, the second in October 2018, the third in October 2021, and the fourth in October 2024. The first audit for the girls' facility was for the YRTC-Geneva facility in October 2015 and the second in October 2018. The Geneva facility closed in 2019 and for a short time, some of the girls were at the Kearney facility until their new buildings on the Hastings campus could be completed. The YRTC-Hastings campus opened in 2021, and their third audit was completed in October 2021. The YRTC-Lincoln facility opened in 2020, and their first audit was completed after one year of operation in January 2021. The YRTC-Lincoln's second audit was completed in January 2024. These facilities have consistently been audited every three years since they began their compliance efforts with their first audits in 2015. The original two facilities began their compliance efforts in year three of the first audit cycle and continue to audit in year three of each audit cycle. The Lincoln facility opened in January 2020 and conducted its first audit after one year of operation in January 2021. For this reason, they do not audit one facility in each year of every three-year audit cycle. **115.401 (h):** The auditor had complete access and observed operations in every area of the facility. The auditor conducted a tour of the facility on the first day which included every area of the facility including administrative areas, the two resident housing units, the program building which includes the classrooms, and the kitchen and dining hall, the chapel/gym. **115.401 (i):** The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor requested many documents throughout the audit process. The YRTC-H facility provided numerous copies of documents to include policies, resident screenings, human resource documentation, forms, and investigative information. There organization of the information provided to the auditor was exceptional. **115.401 (m):** The auditor conducted private interviews with staff and residents in a conference room that was provided for this purpose. The YRTC-H facility staff were very cooperative throughout the audit process. **115.401 (n):** The residents were permitted to send confidential information or

	correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor did not receive any confidential correspondence. The auditor received photographs of the audit notice posted throughout the facility with the auditor's contact information and verified it was posted while on the facility tour. The auditor determined compliance through a review of the pre-audit questionnaire, a review of previous PREA Audits, a very thorough tour, and a review of numerous documents.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. DHHS website **Findings by Provision:** **115.403 (f):** This is the fourth audit for the girls' program. Their audits have always been conducted in October of 2015, 2018, 2021, and now 2024. These audits as well as those of the Kearney and Lincoln facilities are posted on the DHHS website at https://dhhs.ne.gov/Pages/YRTC-Facilities.aspx.

Appendix: Provision Findings		
115.311 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.311 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	**Contracting with other entities for the confinement of residents**	
	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 adopt and 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.)	na
115.312 (b)	**Contracting with other entities for the confinement of residents**	

	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 OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	**Supervision and monitoring**	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	**Supervision and monitoring**	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	**Supervision and monitoring**	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	**Supervision and monitoring**	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	**Limits to cross-gender viewing and searches**	
	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
115.315 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility implement policies and procedures 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
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, 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? (N/A for facilities with discrete housing units)	yes
115.315 (e)	**Limits to cross-gender viewing and searches**	
	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
	If a resident’s genital status is unknown, does the facility	yes

	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?	
115.315 (f)	**Limits to cross-gender viewing and searches**	
	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
	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
115.316 (a)	**Residents with disabilities and residents who are limited English proficient**	
	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
	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
	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
	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
	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:	yes

	Residents who have speech disabilities?	
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.316 (b)	**Residents with disabilities and residents who are limited English proficient**	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	**Residents with disabilities and residents who are limited English proficient**	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	**Hiring and promotion decisions**	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.317 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	**Hiring and promotion decisions**	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	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
115.317 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	**Hiring and promotion decisions**	
	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
115.317 (f)	**Hiring and promotion decisions**	
	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
	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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	**Hiring and promotion decisions**	
	Unless prohibited by law, 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
115.318 (a)	**Upgrades to facilities and technologies**	
	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.)	na
115.318 (b)	**Upgrades to facilities and technologies**	
	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
115.321 (a)	**Evidence protocol and forensic medical examinations**	

	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
115.321 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
115.321 (c)	**Evidence protocol and forensic medical examinations**	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	**Evidence protocol and forensic medical examinations**	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	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 and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	**Employee training**	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.331 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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

115.331 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	**Volunteer and contractor training**	
	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
115.332 (b)	**Volunteer and contractor training**	
	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
115.332 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	**Resident education**	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	**Resident education**	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	**Resident education**	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	**Resident education**	

	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
115.334 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	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 115.321(a).)	yes
	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 115.321(a).)	yes
	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 115.321(a).)	yes
115.334 (c)	**Specialized training: Investigations**	
	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 115.321(a).)	yes

115.335 (a)	**Specialized training: Medical and mental health care**	
	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
	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
	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 juvenile 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
	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
115.335 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	**Specialized training: Medical and mental health care**	
	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

115.335 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (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
115.341 (a)	**Obtaining information from residents**	
	Within 72 hours of the resident’s arrival at the facility, does the agency obtain and use information about each resident’s personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident’s confinement?	yes
115.341 (b)	**Obtaining information from residents**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	**Obtaining information from residents**	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident’s own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	**Obtaining information from residents**	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files?	yes
115.341 (e)	**Obtaining information from residents**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	**Placement of residents**	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	**Placement of residents**	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	**Placement of residents**	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	**Placement of residents**	
	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
	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
115.342 (e)	**Placement of residents**	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	**Placement of residents**	
	Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	**Placement of residents**	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	**Placement of residents**	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	**Placement of residents**	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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
115.351 (b)	**Resident reporting**	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	**Resident reporting**	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	**Exhaustion of administrative remedies**	
	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
115.352 (b)	**Exhaustion of administrative remedies**	

	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
	Does the agency always refrain from requiring an 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
115.352 (c)	**Exhaustion of administrative remedies**	
	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.)	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.)	na
115.352 (d)	**Exhaustion of administrative remedies**	
	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
	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 115.352(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
	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
115.352 (e)	**Exhaustion of administrative remedies**	

	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
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, 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
	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
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	**Exhaustion of administrative remedies**	
	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
	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
	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

	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
	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
	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
	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
115.352 (g)	**Exhaustion of administrative remedies**	
	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
115.353 (a)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	**Resident access to outside confidential support services and legal representation**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	**Resident access to outside confidential support services and legal representation**	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	**Staff and agency reporting duties**	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited 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
115.361 (d)	**Staff and agency reporting duties**	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	**Staff and agency reporting duties**	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	**Staff and agency reporting duties**	
	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
115.362 (a)	**Agency protection duties**	
	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
115.363 (a)	**Reporting to other confinement facilities**	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	**Staff first responder duties**	
	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
	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
	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
	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
115.364 (b)	**Staff first responder duties**	
	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
115.365 (a)	**Coordinated response**	
	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
115.366 (a)	**Preservation of ability to protect residents from contact with abusers**	

	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
115.367 (a)	**Agency protection against retaliation**	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?	yes
115.367 (c)	**Agency protection against retaliation**	
	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
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	**Agency protection against retaliation**	
	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
115.368 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	**Criminal and administrative agency investigations**	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	**Criminal and administrative agency investigations**	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	**Criminal and administrative agency investigations**	
	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
115.371	**Criminal and administrative agency investigations**	

(f)		
	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
	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
115.371 (g)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.371 (h)	**Criminal and administrative agency investigations**	
	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
115.371 (i)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	**Criminal and administrative agency investigations**	
	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 115.321(a).)	yes
115.372 (a)	**Evidentiary standard for administrative investigations**	
	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
115.373 (a)	**Reporting to residents**	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	**Reporting to residents**	
	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
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	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
	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
115.373 (d)	**Reporting to residents**	
	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
	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
115.373 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	**Disciplinary sanctions for staff**	
	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
115.376 (d)	**Disciplinary sanctions for staff**	
	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
	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
115.377 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	**Corrective action for contractors and volunteers**	
	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

115.378 (a)	**Interventions and disciplinary sanctions for residents**	
	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, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	**Interventions and disciplinary sanctions for residents**	
	Are disciplinary 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
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	**Interventions and disciplinary sanctions for residents**	
	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
115.378 (d)	**Interventions and disciplinary sanctions for residents**	
	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 offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	**Interventions and disciplinary sanctions for residents**	
	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
115.378 (f)	**Interventions and disciplinary sanctions for residents**	
	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
115.378 (g)	**Interventions and disciplinary sanctions for 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
115.381 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	**Medical and mental health screenings; history of sexual abuse**	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	**Access to emergency medical and mental health services**	
	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
115.382 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	**Access to emergency medical and mental health services**	
	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
115.382 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.383 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.383 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	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
115.386 (a)	**Sexual abuse incident reviews**	
	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
115.386 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	**Sexual abuse incident reviews**	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	**Data collection**	
	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
115.387 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	**Data collection**	
	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
115.387 (d)	**Data collection**	
	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
115.387 (e)	**Data collection**	
	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	yes

	the confinement of its residents.)	
115.387 (f)	**Data collection**	
	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
115.388 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.387 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
	Does the agency review data collected and aggregated pursuant to § 115.387 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
	Does the agency review data collected and aggregated pursuant to § 115.387 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
115.388 (b)	**Data review for corrective action**	
	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
115.388 (c)	**Data review for corrective action**	
	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
115.388 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	**Data storage, publication, and destruction**	
	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
115.389 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	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
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	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.)	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
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS 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, there has never been a Final Audit Report issued.)	yes