

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: March 21, 2016

Auditor Information			
Auditor name: Talia Huff and Ray Reno			
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Telephone number: 785-766-2002			
Date of facility visit: 08/19/15 & 08/20/15			
Facility Information			
Facility name: Douglas County Department of Corrections Criminal Justice Center			
Facility physical address: 1709 Jackson St Omaha, NE 68102			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 402-444-7400			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Mark Foxall			
Number of staff assigned to the facility in the last 12 months: 50 (currently employed), the last 12 months not provided			
Designed facility capacity: 188			
Current population of facility: 65			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 18-68			
Name of PREA Compliance Manager: Chris Sweney		Title: Accreditation Manager	
Email address: chris.sweney@douglascounty-ne.gov		Telephone number: 402-599-2255	
Agency Information			
Name of agency: Douglas County Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> n/a			
Physical address: 710 South 17 th St., Omaha, NE			
Mailing address: <i>(if different from above)</i> n/a			
Telephone number: 402-444-7400			
Agency Chief Executive Officer			
Name: Mark Foxall		Title: Director of Corrections	
Email address: mark.foxall@douglascounty-ne.gov		Telephone number: 402-599-2216	
Agency-Wide PREA Coordinator			
Name: Chris Sweney		Title: Accreditation Manager	
Email address: chris.sweney@douglascounty-ne.gov		Telephone number: 402-599-2255	

AUDIT FINDINGS

NARRATIVE

A PREA audit was conducted of the Douglas County Criminal Justice Center (CJC) on August 19 and 20, 2015. Audits of both CJC and the Douglas County Department of Corrections (DCDC, a jail) occurred the week of August 17th. CJC is a county-run community confinement facility, while DCDC is a county jail. Both audits were conducted by 360 Correctional Consulting, LLC, led by certified PREA auditors Talia Huff and Ray Reno.

Six weeks prior to the onsite audit, CJC posted an Auditor Notice provided by the auditors. This notice was posted in living units and common areas. In addition, documentation was provided via thumb drive to the auditors prior to the audit in a very organized fashion, to include the Pre-Audit Questionnaire and standard-by-standard files. Correspondence between the auditors and the PREA Coordinator occurred throughout the pre-audit phase. The auditors submitted a tentative audit schedule to the facility prior to arrival to outline audit activities for the onsite portion. On August 15, 2015, auditors reported to the Douglas County Department of Corrections (DCDC) to initiate that audit and conduct agency-level interviews. Staff from DCDC and CJC were present for the opening meeting to include: Deputy Director Jon Hubbard (designee for Director Mark Foxall); Chris Sweney, PREA Coordinator; PREA Compliance Manager Michael Meyers from CJC; as well as other administrative and support staff.

After completing the onsite audit of DCDC, auditors reported to CJC on August 19, 2015, and the PREA team accompanied the auditors on the facility site review of CJC. The site review spanned the four-floor CJC building, wherein there was offender access or potential offender access. The PREA acronym was not widely known or used, and was not specifically on the signage. The signage encouraged the reporting of sexual abuse and provided a phone number to the Office of Professional Relations (OPR), which is the internal investigative unit of the agency. There was sexual abuse signage that was evident in the units, though it was not conspicuously posted, and most offenders had no awareness of it. It also was noted that the signage addressed sexual abuse but not sexual harassment, and there was no signage in the dayroom by the telephones.

Camera monitoring is sparingly used; placed in common areas of the living units which cover the dorm area, but not in the bathroom where offenders would be in a state of undress or using the toilet. In general, there was a lack of cameras to supplement offender supervision; none in any classrooms, stairwells, hallways, etc.

Auditors noted some physical barrier issues throughout the site review and discussed those with the PREA team. This largely consisted of secluded areas or offices/closets/rooms where offenders potentially could be isolated with other offenders or particularly with staff. One such place was on the ground floor in the "key box hallway." This is very isolated, with no cameras. There were many secluded areas in the basement and stairwell and, though there was not supposed to be offender access, areas such as these should be mitigated in order to increase sexual safety and reduce areas where offenders can be isolated with staff. Auditors had discussions with the PREA team about suggestions to mitigate physical barriers, such as installing doors that have windows, or switching doors from elsewhere in the facility to put doors with windows in these key areas.

Following the site review, interviews of specialized staff, as well as random staff and offenders, were conducted on August 19 and 20, 2015. Agency-level interviews (Director, PREA Coordinator, OPR, and Human Resources) occurred the previous days at DCDC. A PREA team member was available at all times during the site review at CJC for auditor clarification and consultation.

Random offenders and random staff (from all three shifts) were interviewed, in addition to specialized staff interviews and several targeted offender interviews. Staff and offenders were familiar with sexual assault information given by the facility, but not necessarily familiar with PREA. Foremost, offenders were aware of their rights to be free from sexual abuse and sexual harassment, and staff were able to articulate first responder duties, but lacked any further depth of PREA knowledge.

CJC and the agency conduct administrative investigations, while criminal investigations are referred to the Douglas County Sheriff's Office (DGSO). The DGSO has designated one deputy for these investigations. There was one report of sexual abuse or sexual harassment during the review period, which resulted in a criminal investigation that was not substantiated.

Knowledge of and investment in the implementation of PREA was evident from the administration and management of the CJC, though the depth of PREA knowledge among the staff and offenders was somewhat superficial. CJC and the agency seem to have a culture of acceptance, and have placed offender safety at the utmost importance. Auditors were very impressed with the level of investment in and dedication to PREA at both the facility and agency level, but feel they would benefit from permeating PREA knowledge and training further through the staff and offender population.

Following the conclusion of the onsite audit and submission of the Interim Auditor Summary Report, CJC entered into a corrective action period to address provisions of the PREA standards deemed by the auditors as “Does Not Meet.” Ample communication occurred between the auditors and the PREA Coordinator. The agency opted to schedule bi-weekly conference calls with the auditors to discuss the corrective action status. The initial conference call in which the PREA Coordinator and other administration attended was conducted on December 18, 2015. Throughout the corrective action period, the status of each corrective action item was tracked on a C.A.P. (corrective action plan) document created by the auditors and exchanged with the agency. March 18, 2016, marked the last and final conference call, and the corrective action was closed out thereafter.

Several corrective action items required the agency to demonstrate institutionalization of practice. Some of these items included demonstrating consistent implementation of documentation, while some of the items required increased knowledge and awareness by staff and inmates. The agency implemented efforts to increase staff and inmate knowledge of PREA; in order for auditors to verify this, approximately ten additional interviews were conducted via telephone with staff and inmates. This occurred on March 8, 2016. As further elaborated in the respective standards throughout the rest of this report, the additional interviews conducted did demonstrate to auditors the needed enhancement in staff and inmate knowledge. On March 18, 2016, the corrective action period was concluded, as the agency had satisfied all corrective actions noted.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Douglas County Criminal Justice Center (CJC) opened on May 2007 and was designated a minimum security facility. Pre-audit information indicated that the design capacity is 188, with the current population being 65 and having admitted 1,134 in the 12 months prior to the onsite audit. CJC houses adult male and female offenders (no youthful offenders) and employs 50 staff who have contact with offenders.

There is one CJC building that consists of four floors, though only three are in use and for offenders. There is one 64-bed dormitory-style housing unit for female on the 3rd floor, and two 75-bed dormitory style housing units for males on the 3rd floor; the 2nd floor is not used, and the 4th floor is designated for the Reentry Assistance Program, which contains classrooms and offices.

CJC has a plethora of impressive offender programming and services: Re-Entry Assistance Program, Work Release, House Arrest, Pre-Trial Services, 24/7 Sobriety, Jail Programs (cognitive, GED), and Matrix, among others. The Re-Entry Assistance Program (RAP) and Work Release (WR) are the two programs that entail housing offenders at CJC. RAP consists of a heavy emphasis on cognitive programming and transformation, followed by community transition. For WR, there is assessment, programming and reentry planning, though it is streamlined due to the shorter length of stay. The average length of stay for WR is 21 days, while the RAP is 36 days.

CJC employs 24/7 medical staff, but utilizes many services from the jail (DCDC), such as investigators and emergency responders. DCDC is located adjacent to CJC.

SUMMARY OF AUDIT FINDINGS

Douglas County Department of Corrections Criminal Justice Center provides many valuable services to its population. The agency and facility have a strong culture of safety and security, though additional focus on sexual safety is needed in order to establish a true zero tolerance for all aspects of sexual abuse and sexual harassment. As identified in the Auditor's Interim Summary Report, 17 standards were met, 1 was not applicable, 21 were not met, and 0 were exceeded.

Most of the standards not met at CJC are agency-level standards and, therefore, need to be remedied at that level. Beyond that, CJC needs to become more aware and involved in PREA compliance and take more ownership in ensuring sexual safety, particularly considering the physical plant and opportunities for inmates to be isolated with staff or other inmates.

Upon completion of the corrective action period and as identified in this final report, CJC has exceeded zero (0) standards, met thirty-eight (38) standards, not met zero (0), and one (1) standard was not applicable.

Number of standards exceeded: 0

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3.1.108
- Memo from Director saying Chris Sweney is the PREA Coordinator and Michael Myers is the PREA Compliance Manager (PCM) at the Douglas County CJC. The memo is dated 11/07/14.

Interviews, Document and Site Review:

PREA Policy discusses Douglas County having a zero tolerance policy toward all forms of sexual abuse and sexual harassment. Chris Sweney is designated by the Director as the PREA Coordinator and Michael Myers is the PREA Compliance Manager. Chris Sweney is the Accreditation Manager and reports directly to the Director, thus having sufficient authority to implement PREA compliance efforts. Chris stated he has sufficient time for his PREA duties.

Mike Myers is designated by the Director as CJC’s PREA Compliance Manager. Michael states he has sufficient time for his PREA duties. Chris Sweney coordinates most PREA efforts and has a large hand in PREA-related matters at CJC.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Memo from Director Foxall stating the agency does not contract with any other county or entity for the confinement of its inmates. The memo is dated 11/7/14.

This standard is not applicable since the Department of Corrections has no contracts for the confinement of its inmates.

Standard 115.213 Supervision and monitoring

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 1.3.108
- Staffing Requirements policy 1.3.109
- CJC Daily Roster
- Staffing Email
- Watch Commander and Shift Lieutenant Post Order 1.8

Interviews, Document and Site Review:

CJC does have a staffing plan that allows for adequate supervision, although it was brought to the auditor’s attention that CJC staff are often pulled to supplement staffing at the jail. This practice often leaves CJC with very minimal staff; one female staff member on the female unit and two staff members on the male unit. The CJC units are very busy, high-paced units, and in reality seem to be minimally staffed. Offenders come and go on an ongoing basis, with staff having to verify their whereabouts. This is in addition to the phone constantly ringing, tending to offenders’ needs, and all other general duties required. Auditors noted this to be a trend reported among CJC staff.

Auditors were provided with a full staff roster onsite, and one auditor spoke with the roster administrator who explained the daily rostering and how positions and “holes” are filled. He was able to adequately explain the minimum number of staff required for each shift. In fact, even though CJC staff are routinely pulled to cover at the main jail, this is done only to a point which does not go below the minimum number of staff required by the plan. There are also times when staff have been moved from the main jail to meet the minimum number at CJC. In short, there are no times when the facility is out of compliance with the staffing plan.

The staffing plan, per Staffing Requirements 1.3.109, is reviewed annually not only by the jail administration but also by the health authority. This policy asserts that the elements of 115.13(a) be considered, though auditors were not provided with verification of these specific elements being considered in practice. Auditors also were provided communication from a captain in which the PREA Coordinator was solicited for input for the staffing plan and informed about an upcoming staff planning meeting. In addition, the PREA Policy states that there is an annual PREA assessment that takes into consideration the deployment of video monitoring.

Cited in the Staffing Requirements policy, Nebraska Jail Standard Title 81 Chpt 2 004.2A states, “Female employees shall provide around the clock supervision of female inmates housed in a jail facility.”

CJC’s pre-audit documentation asserted that CJC does document deviations from the staffing plan, and it also said that the six most common reasons were not applicable. That, in addition to information gathered onsite, made auditors unable to verify that there were no deviations from the staffing plan, particularly considering the staffing concerns brought to light by staff report and auditor observation. Auditors were not able to ascertain *how* deviations would be documented.

Corrective Action:

1. Provide actual documentation of how the elements of 115.13(a) are considered.

2. Provide auditors with documentation of whether or not there were deviations from the staffing plan during the review period, and/or how deviations are documented.

UPDATE 01/04/16:

1. The PREA Coordinator provided auditors with a narrative breakdown of how the elements of provision (a) are considered in the staffing plan, which was sufficient for satisfying this standard.
2. Auditors were given clarification that CJC had not deviated from the staffing plan. This could be strengthened by devising a method specifically for documenting deviations from the staffing plan so that it is clearer. This provision is satisfied.

Standard 115.215 Limits to cross-gender viewing and searches

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Search Policy 3.5.100
- Strip Search Decisions Tree
- Housing Unit Post Order
- Inmate Hygiene and Grooming 4.4.100
- Inmate-Detainee Strip Search Checklist

Interviews, Document and Site Review:

CJC does not conduct cross-gender strip searches, which was consistently confirmed by staff and inmates. Strip searches rarely occur. When they do occur, CJC implements the Inmate-Detainee Strip Search form which documents in detail the strip search and reasons for the search. A body cavity search never typically would be conducted. No staff could recall such an incident, but knew if that were to happen, it would have to be conducted by a medical professional.

Search Policy prohibits cross-gender searches except in exigent circumstances. This was corroborated consistently by all staff. In fact, no staff knew of such an incident happening.

Throughout the site review, staff announcements of opposite gender staff were observed. Staff interviews and observation indicated this practice is long standing and well institutionalized. The Housing Unit Post Order does require this announcement.

In the Inmate Hygiene and Grooming policy, “Officers are encouraged to protect and preserve the inmate’s dignity.”

During interviews, staff were consistently aware that they would not be allowed to search a transgender inmate for the purpose of determining genital status.

Auditors were provided with the Search training curriculum, which does address searches of transgender inmates, as well as cross-gender searches. The curriculum states that this would occur only in emergency circumstances.

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

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Limited English Proficiency Policy 3.5.104
- CJC Client Handbook
- Inmate Brochure, English and Spanish
- Handbook Agreement and PREA form
- PREA Poster, in English and Spanish

Interviews, Document and Site Review:

CJC takes steps to ensure that limited English proficient inmates have an equal opportunity to participate in PREA education. All inmates at CJC have come from the jail facility and have gone through intake and prerequisites there; there are no direct commits to CJC. Hence, the DCDC and thus CJC acquires a significant number of inmates who speak Spanish and other exotic languages. Intake occurs at DCDC, though when offenders come over to CJC, they receive PREA information again.

There is a language line, which provides services to communicate with inmates and is available in a variety of languages. A poster lists all the languages from which inmates can choose. A staff member then calls the language line to acquire an interpreter for the inmate. There is a contract for this service, which includes document translation. PREA information is offered in English and Spanish. For other languages, the language line would be utilized. The Inmate Handbook is also available in Spanish and is given at orientation. PREA posters posted around the facility are posted in English and Spanish and are posted in every living unit. Auditors were provided documentation of PREA Acknowledgement forms that were in English and Spanish, and auditors reviewed these forms that had been signed by inmates. As part of PREA orientation, in addition to the PREA materials, inmates watch a PREA video (from Just Detention International). For deaf inmates, the PREA video is subtitled.

One auditor interviewed two inmates with mental disabilities; again, these inmates were able to relay information about PREA and how to report incidents of sexual abuse and sexual harassment.

Staff who perform the inmate orientations at CJC were able to articulate their process for addressing the needs of inmates with disabilities or limited English proficiency. They also were able to speak to inmates who have limited reading skills, in which case they would talk through the material and ensure comprehension. Non-English speaking inmates were provided the information either through a staff interpreter, or by use of the language line. At the time auditors were at CJC, there were no non-English speaking inmates available for interview. There were no blind or deaf inmates housed at CJC; however, if they were to have a blind inmate, they would explain the PREA materials to them. For a deaf inmate, the PREA video is closed-captioned to allow them the read the transcript of what was being said.

In instances that require a sign language interpreter, per Policy 3.5.104, the shift supervisor approves a staff member to make contact with an interpreter from the approved qualified list.

As far as using inmate interpreters, most staff relayed that inmate interpreters or inmate readers are used, though they reported consistently that inmate interpreters would not be used in relation to an allegation of sexual abuse or sexual harassment. DCDC policy 3.5.104 states that they shall not rely on inmate interpreters or inmate readers or other inmate assistance, except in cases

where it would compromise inmate safety. Staff did articulate that inmate interpreters would never be used for allegations or investigations of sexual abuse or sexual harassment. Auditors did note during review of investigations, that a certified staff member was in fact used in this situation.

DCDC employs staff interpreters. Bilingual staff are sought out and encouraged to apply and take a test in order to be placed on the certified interpreter list. Auditors gathered that bilingual staff have an incentive to do so, since they receive compensation for passing this test and being placed on the list. Random staff interviews indicated that this service and opportunity is well known throughout the facility.

Recommendation:

1. Due to the high number of inmates who speak other more exotic languages (i.e. Sudanese), it is recommended that DCDC obtain additional resources that are specific to these regularly-encountered languages, particularly since staff reported that some dialects are very difficult to match.

Standard 115.217 Hiring and promotion decisions

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Hiring Policy 1.1.107
- Background Check Investigation Worksheet
- Employment Application

Interviews, Document and Site Review:

Auditors learned that in order to work at CJC, an employee must be hired by the agency to work at the jail and must meet eligibility criteria (e.g. rank and duration of employment) prior to being considered for CJC. With that, and because this is an agency level standard, the hiring practices at DCDC are considered in the analysis of this standard. DCDC does not hire or promote anyone who has engaged in sexual abuse or sexual harassment. Auditors reviewed the Employment Application, which contains the required three questions of 115.17(a). Staff indicated during interviews that in order to apply for a promotion, one would have to fill out an Employment Application again.

As guided by the Hiring Policy 1.1.107, the Office of Professional Relations (OPR), which is the investigating division, conducts all employee background checks, and this includes CJC staff. OPR staff were interviewed regarding this background check process. It was reported that NCIC, Douglas County, and NCJIS are utilized in this process for new hires, as well as for all employees every three years, which includes CJC staff. The OPR staff further explained that each month, OPR is given a list of employees from HR (based on their date of hire) who are due for background checks. The auditors reviewed the backgrounds that had been conducted. OPR had these filed by month and also had these documented in an electronic database. The background checks are documented on the Background Investigation Worksheet. This worksheet shows the respective supervisors’ approval to run the check, as well as the outcome of the background investigation.

Incidents of sexual harassment are considered on a case-by-case basis. For a new hire, if that information was available it would be considered. For promotions, a review of employee files would likely indicate whether there were any such incidents to consider.

Criminal background checks of contractors and volunteers are also conducted by OPR. Contractors and volunteers are managed by HR, and HR provides the list of candidates to OPR to run the background checks. The background checks are documented on the Background Investigation Worksheet. This worksheet shows the respective supervisors' approval to run the check as well as the outcome of the background investigation.

Per 115.17(f), the Employment Application does include the three required questions and the Employee Code of Conduct requires that employees disclose misconduct within 24 hours to the facility (with the exception of minor traffic citations).

Auditors found that the practice of contacting prior institutional employers was not occurring. OPR stated that for some facilities with which DCDC has a rapport, informal contact may be made. However, this process is not institutionalized or documented. Within two weeks of the onsite audit, the PC provided auditors with an Institutional Contact Form. This form is to be used from now on to document such contacts being made.

The Employment Application states that falsification or omission of information may disqualify the candidate from employment.

Corrective Action:

1. Because of the recent implementation of the Institutional Contact form, a period of time is necessary to demonstrate institutionalization of this process. After a period of three months, provide auditors with documentation of such institutionalization.

UPDATE 10/15/15:

1. The PREA Coordinator provided an example of their first use of the Institutional Contact form. Additional forms shall be sent upon completion.

UPDATE 12/15/15:

1. The PREA Coordinator provided additional completed examples of the Institutional Contact form. The standard is satisfied.

Standard 115.218 Upgrades to facilities and technologies

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Memo signed by Director Foxall stating that there have been no substantial expansions or modifications since the PREA standards have been passed. The memo was dated 6/4/15.
- PREA Policy 3.1.108

Interviews, Document and Site Review:

Auditors interviewed the Deputy Director (designee for the Agency Head). It was reported that there has been no facility expansions or modifications.

Policy requires that they will consider how upgrades to video monitoring and other technologies can enhance their ability to PREA Audit Report

protect offenders from sexual abuse. PREA Policy states that in the annual PREA assessment takes into consideration the deployment of video monitoring.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Disposition of Evidence Policy 3.1.110
- Emails to and from the Women’s Center of Advancement
- PREA Policy 3.1.108
- Sexual Assault Emergency Response

Interviews, Document and Site Review:

The agency conducts administrative investigations and refers criminal investigations to the Sheriff’s Office (SO). Office of Professional Relations (OPR) is the division that conducts the administrative investigations. OPR seems to have a good working relationship with the SO, and the SO has a dedicated investigator for DCDC/CJC investigations. Because of this relationship, CJC/OPR/PREA Coordinator is able to keep abreast of investigations with ease.

Auditors were provided the Sexual Assault Emergency Response Plan (MCC EP32), which outlines a uniform evidence protocol for sexual abuse. The PREA Policy also outlines Investigation Procedures on p5 and Treatment for Victims on p6. The Disposition of Evidence policy outlines the preservation and collection of evidence and chain of custody in a detailed manner.

Staff interviewed by auditors were able to articulate their responsibilities in regard to preserving and protecting evidence; they consistently reported that to be their duty, and that evidence collection would be the duty of the investigating entity.

Provision (b) is not applicable as CJC detains no youth offenders.

Offender victims of sexual abuse are offered forensic medical exams without cost. There were no SANEs conducted on CJC offenders during this review period. Offenders would be taken to Nebraska Methodist Health Systems for the exam. These exams would be performed by SANEs. The agency is in the process of forming a community SART. Members of the community SART are: Phoenix House, Women’s Center of Advancement, Nebraska Methodist Health System, CCS from the facility, two SANEs. This is great news, as this is best practice.

Offender victims of sexual abuse would be offered an advocate to accompany them through a forensic exam. This would be done automatically by the hospital as part of the SAFE protocol. Auditors were provided email documentation of efforts to enter into MOUs or to secure services with the Women’s Center for Advancement (WCA). Auditors also were provided an unsigned draft MOU with the Nebraska Methodist Hospital. The MOU has not yet been signed, though the agency has had communications and has met with them. This should continue to be pursued and put in place.

Policy states the verbiage of 115.21(e), but auditors were not able to establish that advocacy services were available to offenders, beyond the forensic exam, for crisis intervention and emotional support services.

The agency should continue attempts to secure victim advocacy for alleged victims of sexual abuse. The PREA Coordinator informed one of the auditors that the agency does employ a psychiatrist who is certified in sexual abuse counseling, though it did not seem that this is a duty that is requested of the psychiatrist or utilized by the agency.

Auditors were not provided with documentation requesting the SO to follow the requirements of 115.21(f).

Corrective Action:

1. Provide auditors with documentation requesting the SO follow the requirements of 115.21(f).
2. Establish, or provide auditors with the information of how the agency and thus CJC provides a victim advocate, crisis intervention, and emotional support beyond the forensic exam.

UPDATE 11/13/15:

1. The PREA Coordinator provided an email string between himself and the Douglas County Sheriff's Office (DCSO), and this was discussed during the conference call on 11/13/15. The auditors learned that there have also been some phone calls between the PREA Coordinator and the Sheriff's Office regarding PREA standards. Relayed via email by the DCSO was, "We discussed our current investigative protocol with our first responders and Criminal Investigations Bureau command members, and after review of the PREA standard and our own protocols, we are confident that our criminal investigatory response to DCDC incidents is really no different than our similarly situated response to non-DCDC reports of crime and subsequent criminal investigation. As a 4x CALEA accredited agency, we are confident that our response and investigatory protocols are satisfactory, reflect law enforcement professional excellence and best practices, and consistent with PREA standard 115.21 you forwarded to us for review/consideration." This provision is satisfied.
2. On the conference call on 11/13/15, the second corrective action item was also discussed. DCDC has not established an MOU with a community-based provider for victim advocacy, crisis intervention, and emotional support. In the event of a forensic exam, an advocate would be offered. Beyond the forensic exam, DCDC mental health staff provide emotional support and crisis intervention. This provision is satisfied.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3.1.108
- Investigative Reports
- Investigator email

Interviews, Document and Site Review:

The agency does ensure an investigation is completed for all allegations of sexual abuse and sexual harassment. The agency conducts administrative investigations, while criminal investigations are referred to the Sheriff Office (SO). The PREA Policy 3.1.108 mandates this, though the policy is not published on the agency's website, nor does the publication describe the responsibilities of both the agency and the investigating entity as required by this provision.

During the review period, there was one allegation of sexual abuse, and it was referred to the SO for criminal investigation. This referral was completed and documented via email.

There is no State agency or Department of Justice entity responsible for conducting investigations at DCDC.

Auditors reviewed the investigative report. The investigative file reviewed was lacking complete information of the case regarding interviews, findings, conclusion, and disposition. Further auditor analysis of the *quality* of investigations is in the comments of 115.71.

Corrective Action:

1. Publish the policy on the agency’s website that mandates that all allegations of sexual abuse and sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, and ensure this publication describes the responsibilities of both the agency and the investigating entity (the SO).

UPDATE 2/19/16:

1. Auditors were provided with, and verified, enhanced material that had been placed on the agency website. It does state that all allegations of sexual abuse and sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, and it describes the responsibilities regarding criminal and administrative investigations. This provision is satisfied.

Standard 115.231 Employee training

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- 2015 PREA Staff training Year to Date
- Line Staff Training rosters
- SART Team Training Sign-in
- Lieutenants’ Training sign-in
- Pocket Cards

Interviews, Document and Site Review:

All of the elements of 115.31(a) are addressed in the staff PREA training, which is required of staff at least annually. Training is provided via Relias Learning Management System. One auditors reviewed the training curriculum online with the PC. Staff reported that they receive PREA training as a new hire and then each year thereafter. DCDC reported that they trained 251 staff during the review period. Interviews with staff revealed that their strongest area was of first responder duties. Staff were very knowledgeable in their response to an allegation of sexual abuse. Auditors did note and discuss with facility leadership that elements of sexual harassment and several of the other training elements (in 115.31(a)) were lacking in staff interviews. Auditors suggested that perhaps some face-to-face, interactive training may enhance comprehension and retention of material, rather than relying solely on online training.

Auditors were not able to establish whether the training was tailored to the gender of the inmate population, and since CJC houses both males and females, it is particularly important to convey these differences to staff who have direct contact. Only female staff

are posted in the female housing unit, though male staff do cover and rove those units, as well as having female staff posted on male living units. This distinction should be seen in training.

Training records were provided and reviewed by auditors, which indicated that all staff had received this required training. This was provided in the form of a printout of Course Completion History reports, which logged staff members, their title, location, course, and completion status.

Auditors were not able to establish through employee signature or electronic verification that staff understood the training they had received. The Training and Orientation Checklist form was provided. This form is a new hire checklist that states at the bottom that the staff member does, "...acknowledge and agree that I will comply with the above-mentioned policies." The PREA Policy is listed among the 47 policies. However, this form does specify that the staff have received and understand the agency's PREA training.

Corrective Action:

1. Ensure, or demonstrate to auditors how the training is tailored to the gender of the inmate population.
2. Enhance staff knowledge on the dynamics of sexual abuse in confinement, dynamics of sexual harassment in confinement, definitions and professionalism with LGBT (lesbian, gay, bisexual, transgender) inmates, detecting and responding to signs of threatened or actual sexual abuse.
3. Establish, or demonstrate to auditors how, through employee signature or electronic verification, staff understood the training they have received.

UPDATE: 03/18/16

1. Auditors gained a better understanding of the training process as a whole; they were provided with an additional PowerPoint lesson plan that is part of the rotated training curriculum. The PowerPoint contained gender-specific content. Auditors were also provided staff training sign-in sheets for this training. Upon conducting additional interviews on 03/08/16, better comprehension of the training elements required of this standard were demonstrated. This provision is satisfied.
2. On 10/23/15, the PREA Coordinator sent a course outline and test results from staff training, which covered the following topics: the dynamics of sexual abuse in confinement; dynamics of sexual harassment in confinement; definitions and professionalism with LGBT (lesbian, gay, bisexual, transgender) inmates; and detecting and responding to signs of threatened or actual sexual abuse. As discussed on the conference call on 02/19/16, an online quiz was mandated for all staff on the revised PREA definitions. This was made available on 02/18/16. Following the call, the PREA Coordinator provided the quiz and quiz results, which indicated that 107 staff had taken it as of 02/19/16. The PREA Coordinator reported that staff must receive 100% in order to pass the quiz. He also reported that the quiz and results would be sent for auditor review once all staff had completed it. Staff comprehension and retention will be verified via additional staff phone interviews, which will likely be conducted in March 2016. Upon conducting additional interviews on 03/08/16, better comprehension of the training elements required of this standard were demonstrated. This provision is satisfied.
3. Through the Relias training system, staff verify electronically that they have received and understand the training. This provision is satisfied.

Standard 115.232 Volunteer and contractor training

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Sexual Assault/Abuse Policy A Guide for Contracted Staff and Volunteers
- Volunteer application
- Volunteer Orientation agreement
- PREA Policy 3.1.108 p7

Interviews, Document and Site Review:

The agency contracts with CCS for medical and mental health care, Aramark for food service, and Keef for Commissary. These contract staff are required to take the online training, and auditors reviewed records that verified this. The PREA Policy specifies that all staff, including contract and volunteer staff, will receive PREA training in initial orientation and annually thereafter. Page 10 of the PREA Policy contains language of this standard verbatim.

Like DCDC, CJC reported pre-audit that they trained 149 volunteers and contractors during the review period. A contractor was interviewed by auditors. This contractor did not know what PREA was, but remembered receiving some type of training on sexual assault as part of the initial training, reported being informed of the zero tolerance policy, as well as responsibilities regarding sexual abuse prevention, detection, and response. In terms of first responder duties, this staff knew to keep the inmate safe and ensure evidence is not destroyed, report to a supervisor, and document. This contractor also was reportedly very impressed with CJC and felt it was “very safe.” Again, it is recommended that PREA be branded throughout the facility, that the same language and definitions are universal throughout the facility, and that staff/leadership discussion be congruent with the PREA standards.

The staff member charged with overseeing the contractors and volunteers was interviewed by auditors and explained the training and orientation. This orientation and documentation was provided for auditor review. It consisted of a PowerPoint, which did contain two PREA slides. These slides discussed the zero tolerance policy, avoiding inappropriate staff/inmate relationships, and reporting. It did not include definitions of what consisted of sexual abuse and sexual harassment, and only focused on inappropriate staff/inmate relationships; it addressed nothing about noting, reporting, or defining “sexual abuse and sexual harassment” between offenders. It also consisted of additional orientation information which included the prohibition of sexual contact with offenders, the Training policy (which refers them to the PREA Policy 1.3.108), and the Sexual Assault pamphlet. The PREA policy was not actually included in the volunteer/contractor packet provided for auditor review. This policy should also be included.

It seems that all contractors and volunteers receive the same amount of training. Documentation provided to the auditors included a pamphlet: Sexual Assault/Abuse Policy, A Guide for Contracted Staff and Volunteers. This pamphlet explains the zero tolerance policy, reporting, avoiding inappropriate relationships, definition of sexual abuse (but not sexual harassment). In addition, volunteers fill out an application which includes a statement that the agency is required to inform volunteers of the zero tolerance policy and that they are required to report. This form also gives authorization to conduct a background investigation, which is signed by the volunteer. The agency also uses an Orientation form for volunteers, on which they acknowledge they understand the policies given to them; it is signed by the volunteer.

All volunteer orientation forms from 2014 and 2015 (to date) were provided for auditor review. Auditors reviewed random samplings of volunteer and contractor records.

Corrective Action:

1. Include in the volunteer and contractor training revised definitions of sexual abuse and sexual harassment that are congruent with the PREA standards and include offender-on-offender as well. The PREA Policy perhaps needs to be added to the volunteer/contractor orientation packet.

Recommendation:

1. Ensure that volunteer and contractor training is commensurate with their level and type of offender contact.

UPDATE:

1. Documentation was received by auditors to show that the revised definitions had been added to the pamphlet given to contracted staff and volunteers during their training. This provision is satisfied.

Standard 115.233 Resident education

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Community Corrections Handbook
- Inmate PREA Education (14 day)
- Inmate PREA Education (Intake)
- PREA Awareness Pamphlet, in English and Spanish
- PREA posters, in English and Spanish
- PREA Policy p2 & 10
- Admission/Orientation to Community Corrections 5.1.122

Interviews, Document and Site Review:

Upon intake (which occurs at DCDC) and as outlined on p2 of the PREA Policy, offenders are provided PREA information (generally within two hours). They are given a handout which is available in English and Spanish, and then they sign a PREA Information acknowledgement form which contains English and Spanish verbiage. The handout contains information regarding sexual assault/abuse, prevention and intervention, self-protection, reporting, and treatment and counseling. Intake (Classification) staff reported that if an inmate could not read or write, they would utilize other means or walk them through the material to ensure comprehension. It also was reported that there is a video that plays in the booking area that has a section about PREA. To reiterate, there are no offenders admitted directly to CJC. Once an offender is approved for CJC, and upon arrival, offenders receive PREA information again, the same day. The PCM reported that offenders receive the Intake packet (with sexual assault information contained therein) as well as the orientation video, which contains information regarding sexual assault. This video is available on the agency website at: <http://corrections.dccorr.com/about-us/videos>. Auditors reviewed this video and verified that this video does not address sexual abuse or sexual harassment at all.

As noted in the comments for 115.216, CJC does provide education in formats accessible to inmates who are limited English proficient, are hard of hearing or visually impaired, have limited reading skills, or are otherwise disabled. This is done through written materials in Spanish, the language line for LEP, translation service for hard of hearing, video subtitles for visually impaired, and individual staff assistance for limited reading skills or otherwise disabled. Intake staff articulated well that it is their responsibility to ensure the inmate comprehends the materials.

It was noted, however, that the handout does not include any information on sexual harassment at all. Inmates should be informed of what constitutes sexual harassment, and that they have a right to be free from it.

Standard 115.234 Specialized training: Investigations

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

- Does Not Meet Standard (requires corrective action)

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

In order to make my determination, I reviewed the following policies and other documentation:

- Relias Course Outline for PREA: Investigative Protocols
- Training Records showing completion of PREA: Investigative Protocols

Interviews, Document and Site Review:

Agency investigators based at DCDC conduct all administrative investigations at CJC. Criminal investigations are referred to the Douglas County Sheriff Office. This process, procedure, and policy is the same at both DCDC and CJC.

Auditors were provided documentation of completed specialized training for conducting sexual abuse investigations. Those who had completed the course were two Lieutenants (of OPR) and a Sergeant who works with OPR. The completion of this course was in addition to the general PREA e-learning course. DCDC also had documentation of this completed specialized training by the Sheriff Deputy who is assigned to work DCDC cases.

Interviews with OPR staff indicated that he had received specialized training for sexual abuse investigations in confinement. In fact, the OPR staff reported that he has traveled out of state for training of this nature. It was noted, however, that knowledge regarding case dispositions (substantiated, unsubstantiated, unfounded) and what evidence/criteria is required to substantiate a case was lacking.

Upon review of the investigative files, it was noted that there were investigations completed by other staff members who were not members of OPR, nor had they received the specialized training.

Corrective Action:

1. Provide completed training certificates for all those who conduct sexual abuse investigations, and ensure that only those staff are conducting them and/or provide clarification regarding this discrepancy.

Recommendations

1. Enhance knowledge of case dispositions. It is suggested that these definitions be added to the PREA policy.

UPDATE

1. On the 01/18/16 conference call, this DCDC practice was discussed as related to this standard. The PREA Coordinator explained that no one conducts an investigation at DCDC other than OPR, and that the documentation reviewed by auditors was not an “investigation.” Auditors urged the agency to ensure OPR investigators compile investigative statements and documents, and to issue a report of their own citing OPR’s conclusion and findings. The PREA Coordinator asserted that he relayed this distinction to the OPR lieutenants, and he also stated that the case disposition definitions have been added their PREA Policy. This standard is satisfied.

Standard 115.235 Specialized training: Medical and mental health care

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Course History printout for CCS and medical staff showing completed training
- Relias Course Outline for PREA: Staff Roles and Responsibilities Under the Prison Rape Elimination Act
- Relias Course Outline for PREA: What It Means for You and Your Agency
- CCS training curriculum

Interviews, Document and Site Review:

Auditors reviewed the Relias courses, which covered the topics of specialized training for medical and mental health. Required topics were covered: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Auditors also interviewed the Health Services Administrator who reported that as CCS contract employees, they are required to take the CCS training as well, which was also provided to auditors for review. Auditors were provided the CCS curriculum to review, the content of which covered general PREA training. This became pertinent because medical and mental health staff did not actually receive the general agency PREA training.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Classification Review form
- Intake Initial Screening and Re-Classification form
- Classification Post Order 10.1
- PREA Policy p 2&3, 10&11
- Weighted Scale for Prediction of Sexual Predator-Victimization

Interviews, Document and Site Review:

The process/procedures described below occur at the jail. Offenders who qualify and who are minimum custody and not sexually predatory, can be transferred to the CJC to participate in work release, RAP, or other programs. This generally occurs within 72 hours; intake through the jail and then transfer to CJC. Inmates scored as “High Risk Sexual Predator” would not be considered for placement at CJC.

At the jail, all inmates are screened right away upon admission by Classification staff; generally within two hours in fact. The intake Classification officer completes a scored screening electronically and then fills out the Weighted Scale for Prediction of

Predator-Victimization (DCC 117) form. This form indicates, by score, whether the inmate is currently indicated as “High Risk Sexual Predator” or currently indicated as “Potential Victim of Sexual Assault.”

At the jail, the Weighted Scale and the electronic screening is weighted and scored; thus, it is objective. This determines whether or not an inmate is eligible for placement at CJC (along with other factors irrelevant to sexual risk).

All elements of 115.41(d) were accounted for in this screening process except for 115.41(d)(10) Whether the inmate is housed solely for civil immigration purposes, which for CJC would not be applicable.

The initial screening, at the jail, considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse as known to the agency. This review is documented on the Classification Review Notification form, which accounts only for an inmate’s custody level and any change thereof. The reassessment should consist of reviewing the elements of victimization and abusiveness and make an account of whether that specific risk has changed.

Corrective Action:

1. An inmate’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.

UPDATE 02/19/16:

1. On several occasions, the facility and the auditors discussed the expectations of reassessment from a PREA perspective and how that differs from the agency practice. The PREA Coordinator expressed that the agency does conduct classification reviews that he considers as reassessments. However, to the auditors it did not seem to address and reassess risk of sexual victimization and abusiveness and any change thereto. The PREA Coordinator said he would provide additional documentation to auditors that would support reassessments.

UPDATE 03/11/16:

1. Auditors received an updated Classification Review form, used to document reassessments. This revised form now includes documentation that shows that staff review the weighted scale at each reassessment and thus, take into consideration any change in sexual risk. This standard is satisfied.

Standard 115.242 Use of screening information

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Classification Review form
- Intake Initial Screening and Re-Classification form
- Classification Post Order 10.1

Interviews, Document and Site Review:

CJC does make individual determinations about inmate safety. Intake/Classification staff in the main jail conduct the initial screening for victimization and abusiveness, in addition to custody classification and other intake duties; they then make the housing and bed assignments based thereon. At the time of transfer to CJC, many factors are considered and case management

staff seem to be highly involved, though, current screening for sexual victimization and abusiveness is not specifically available for consideration.

During the interview with the PREA Coordinator, it was explained that housing decisions are primarily made by custody classification staff at CJC, and that many things are taken into consideration, including their screening score. Only inmates who are minimum custody and who are not sexually predatory are transferred to CJC.

Case management staff are highly involved with the placement and work/program assignments of inmates at CJC. Often, work assignments are off-grounds as permitted by this level of custody and nature of this as a community confinement facility. Off-grounds work is not under the umbrella of the PREA standards.

Appropriate determinations about the placement and programming of transgender/intersex inmates at CJC would be made by the transgender committee, in which individual factors and the inmate's own views would be taken into consideration.

All inmates at CJC are provided an opportunity to shower separately and auditors confirmed through observation and inmate interviews that there is no designated unit or wing for LGBT inmates.

Standard 115.251 Resident reporting

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- DCDC Inmate Handbook
- Inmate Sexual Assault Pamphlet
- PREA Policy 3.1.108
- PREA Poster

Interviews, Document and Site Review:

Inmates housed at CJC come from the jail and have already been through the PREA orientation process there. However, they are given an additional orientation specific to CJC, which includes information about how to report sexual assault. There are signs posted in the dayrooms which give instructions on how to use the inmate telephone for making a report. Through speaking with staff, it was determined there are several ways for inmates to make a report of sexual abuse or sexual harassment including, telling a staff member, telling a family member, writing to the Sheriff's office, writing a kite, or calling the toll free numbers that are posted.

As part of the facility tour, auditors saw signs posted in the living unit areas, but there was nothing posted near the inmate phones. The poster contained a phone number for making a report that would go to an answering machine in the OPR office. To call this number, inmates are required to include their pin number, and so this is not a means to report anonymously. The instructions for placing a call on the inmate phones were not very clear. When auditors attempted to test the phones to make a report, the instructions on how to leave a message did not play. There was only silence on the line and after about one minute, a recording said that the call was not accepted. Facility staff was made aware of the issue and immediately set out to correct the problem; however, the problem still existed at the time the auditors departed the facility. There was also a notebook kept in each living unit with the name, address, and phone number for the National Domestic Violence Hotline and the National Sexual Assault Hotline.

Inmates who were interviewed were aware there was a phone number to report sexual abuse, but most often said they would tell a staff member. Inmates appeared to trust that staff would do what is needed to protect them if necessary.

Staff can privately report sexual abuse or sexual harassment by talking to their supervisor, or calling the National Sexual Assault Hotline.

Recommendations:

1. Incorporate the PREA definitions into the policies, inmate handouts and other written material.
2. The posters need to include wording about sexual harassment.
3. Make adjustments to the inmate phone system so callers know how to leave a message with investigators.
4. Increase the visibility of the PREA posters and have them posted near the inmate phones.

UPDATE:

1. The PREA definitions have been added to the policies and to the inmate handout materials. This was provided by the PREA Coordinator for auditor review, and the information is played regularly on the inmate TV system. This provision is satisfied.
2. Language has been enhanced around the facility, in materials, and on inmate TV regarding sexual harassment. This provision is satisfied.
3. Through conversations and email communications with the PREA Coordinator, auditors feel confident that the malfunction in the phone reporting has been resolved. The agency worked with the phone service company and tested the service thereafter. Auditors recommend that the agency periodically check to ensure adequate functioning of the phone reporting. This provision is satisfied.
4. Since the onsite audit, the agency has added, “basically our own cable station” as reported by the PREA Coordinator. Continuously looped on the channel is PREA information and reporting methods (including phone numbers and addresses). The agency PREA postings are also shown on the inmate TV system. The TVs are in every unit and in common areas. Additional interviews of staff and inmates on 03/8/16 demonstrated increased knowledge and awareness of this. This provision is satisfied.

Standard 115.252 Exhaustion of administrative remedies

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Memo from PREA Coordinator

Interviews, Document and Site Review:

In discussion with the PREA Coordinator, it was learned that, although the department has a grievance procedure. The agency felt that the facility was exempt from this standard due to the fact that whenever an inmate would submit a grievance concerning sexual abuse, it would automatically be treated as an investigation and no longer be considered a grievance. Although there is a grievance procedure, as outlined in the inmate handbook on page 23, there are no provisions to address how to handle grievances concerning sex abuse. Additionally, there is no procedure for filing an emergency grievance. Before making a determination about compliance for this standard, auditors sought interpretive guidance and clarification from the National PREA Resource Center. Staff there clarified that if a facility has a grievance system, it is not exempt from this standard. Furthermore, throughout PREA Audit Report

document review, auditors noted some places that instructed or alluded to inmates reporting sexual abuse through the grievance system. During the facility tour of CJC, it was noted that there were no grievance forms available in the inmate living units. Per the inmate handbook, inmates are required to write to administration and request a grievance form to be provided to them. This procedure seems to inhibit inmates from using the grievance procedure to report sex abuse. It is recommended that grievance forms be made available to inmates on each living unit as a means to create a reporting culture.

Corrective Action:

1. The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.
2. The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
3. The agency shall ensure that: (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.
4. The agency shall 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 shall not include time consumed by inmates in preparing any administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.
5. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.
6. The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.
7. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

UPDATE 03/04/16:

1. The agency has updated their grievance policy and provided it for auditor review. It includes information on filing a grievance for sexual abuse, as well as the procedure for filing an emergency grievance related to when an inmate is in imminent danger of sexual abuse. Auditors conducted additional inmate interviews on 03/8/16. Inmates were aware of the procedure and knew they could use a grievance to make a PREA report. The Inmate Handbook provides information on the grievance process; policy language was updated to reflect the response timeframes of this standard and the enhanced practice. There have been no sexual abuse grievances filed during the corrective action period. This standard is satisfied.

Standard 115.253 Resident access to outside confidential support services

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

- Does Not Meet Standard (requires corrective action)

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3.1.108
- DCDC-WCA E-mails
- PREA Responder Training Sign-Up Sheet
- Sexual Assault Awareness Pamphlet
- PREA Reporting Signage

Interviews, Document and Site Review:

The facility does provide inmates with the name and address for outside confidential services. In the inmate’s Sexual Assault Awareness pamphlet, phone numbers for the National Domestic Violence hotline, National Sexual Assault hotline, and Nebraska Spanish Helpline are listed. There is no charge for use of this service. No mailing addresses are listed. Interviews with staff and inmates revealed that there is limited knowledge that outside services are available. Therefore, not only inmates but also staff are unaware of the procedure to enable inmate access to these services. Neither staff nor inmates are aware of the extent to which communications of this type are monitored and/or forwarded to authorities.

The facility is attempting to enter into an MOU with the Women’s Center for Advancement. Documentation of this was provided to auditors pre-audit and was discussed onsite. Information about mandatory reporting laws is also provided to inmates at the time of orientation to the facility.

Corrective Action:

1. Provide mailing addresses to the outside emotional support services, and post them where visible and accessible to inmates. This should inform inmate of the extent to which these communications will be monitored and/or forwarded to authorities.

UPDATE:

1. Mailing addresses to outside emotional support services were added to the Inmate Handbook and the Inmate Sexual Assault-Abuse brochure. The PREA Coordinator provided these documents for auditor review. The revised Inmate Handbook was issued in early March, 2016. The Inmate Sexual Assault-Abuse brochure is given at initial classification and is also available in every housing unit. This standard is satisfied.

Standard 115.254 Third-party reporting

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3.1.108
- DCDC Webpage

Interviews, Document and Site Review:

The PREA policy states, “Third Party Reporting Procedures: Reporting procedures are available to the public on the department’s web site and in the lobby and visiting area....”

There is also information located on the agency website. However, the auditor had a difficult time locating the information because there is no mention of the PREA acronym. The information was eventually located by going to the “Related Links” page and clicking on the button titled “Sexual Abuse and Reporting,” but it did take several minutes. Again, it is recommended that the PREA language be incorporated into the information available on the website and into the DCDC culture. Also, it is recommended to place a PREA tab on the home page in order to make third party reporting easier for website visitors.

The information from the website reads in part:

Inmates are encouraged to immediately report allegations of sexually abusive behavior to custody staff, the Office of Professional Responsibility (OPR), or via the grievance process. All allegations, including third-party reports, are confidential and will be thoroughly investigated. Third-party allegations on behalf of an inmate can be initiated by contacting the Office of Professional Responsibility (OPR) at (402) 599-2499, or by writing to the following address:

*Douglas County Department of Corrections
Office of Professional Responsibility
710 S. 17th Street
Omaha NE, 68102*

Staff were aware that third party reports could be made and are received with the same expedience as any report of sexual abuse. Investigative staff corroborated that, also; any third party report is handled in the same manner and with the same expediency. Most of the inmates who were interviewed said they did know that a third party could make a PREA report.

Recommendations:

1. Incorporate PREA language and definitions of sexual abuse and sexual harassment into the information available on the website.
2. Place PREA tab on the website home page in order to make third party reporting easier for website visitors.
3. Place additional PREA signage throughout the facility for third parties.

Standard 115.261 Staff and agency reporting duties

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Report
- PREA Policy 3.1.108

Interviews, Document and Site Review:

As outlined in the PREA policy, staff, including volunteers and contract staff are required to immediately report any sexual abuse or harassment. The policy reads in part:

Staff members, contract staff members or volunteers who receive information, regardless of its source, concerning sexual assault/rape or sexual misconduct, or who observe an incident of sexual assault/rape or sexual misconduct, are required to immediately report the information or incident directly to their immediate supervisor and write an Informational Report (DCC 79). The supervisor will notify the Watch Commander, who will in turn notify the Director of Corrections and the Duty Officer.

All staff, including facility mental health staff, medical staff and volunteers, had a solid grasp of their duty to report all instances, or suspected instances of sexual abuse or harassment. Staff interviewed were articulated their responsibility to not talk about PREA cases, other than as needed to complete official business.

Recommendation:

- 1. Further incorporate sexual harassment into the culture, so staff consistently recognize and can report incidents of sexual harassment.

Standard 115.262 Agency protection duties

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3.1.108

Interviews, Document and Site Review:

Consistently, staff interviewed said they would take immediate action if they were aware of an inmate in imminent danger of sexual abuse, which for CJC would likely mean moving at least one of the inmates to the jail. They were also able to articulate several options that are available, such as moving the perpetrator to another unit, placement of the perpetrator into a segregation status, or placement of the victim into a protective custody status. It was noted by auditors that supervisors perceive the need to move both the victim and the perpetrator when reports of sexual misconduct are received.

Recommendation:

- 1. Auditors recommend this practice be reviewed by administration, as it is often unnecessary to require the victim to be placed into PC. We understand there are times when it is necessary to maintain their safety, but it should be determined on a case-by-case basis and not be part of the response routine. Inmates know that if they make a PREA report, they will likely be moved to PC status and removed from their current location; knowing this can serve as a barrier to making a report. The facility should strive to create and maintain a “reporting culture.”

Standard 115.263 Reporting to other confinement facilities

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

- Does Not Meet Standard (requires corrective action)

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3.1.108

Interviews, Document and Site Review:

The PREA policy says in part:

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Director of Corrections (Designee) will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred (115.63). Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification.

Interview with the Deputy Director revealed there were no instances in this review period where an inmate reported sex abuse at another facility. The agency should they have an agency specific procedure outlined in policy so that this standard is complied with in practice; e.g. what is the procedure when Intake/Classification officers become aware of such an incident.

Recommendation:

1. Establish an agency specific procedure outlined in policy so that this standard is complied with in practice; e.g. the procedure when Intake/Classification officers become aware of such an incident.

Standard 115.264 Staff first responder duties

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Response Pocket Cards
- PREA Policy3.1.108

Interviews, Document and Site Review:

All staff who were interviewed had a good knowledge of their duties as a first responder. Most reported they would immediately separate and keep safe the victim and perpetrator; not let them go to the bathroom, change clothes or wash themselves, eat or drink, or brush their teeth; protect any potential crime scene or evidence; and notify the shift commander.

The practice of giving security staff a first responder tip card is an excellent practice, even if only one officer pulled it out and referred to it. Included in the documentation was an example of a responder card for non-security staff who may be involved in a first response. Again, this is an excellent practice and likely one that will become more utilized with the further permeation of PREA throughout daily operations.

Standard 115.265 Coordinated response

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Emergency Response Plan for Sexual Assault
- PREA Policy 3.1.108

Interviews, Document and Site Review:

The PREA policy, and the PREA training staff receive, do a good job of lining out what each group of responders responsibilities are in the event of a “sexual assault.” The shift supervisor has a commander’s sexual assault checklist to help to ensure that medical and behavioral health staff are part of the response, along with the investigator, PCM, and facility administrative staff.

In the event of a serious case of sex abuse or rape, the inmate would likely be seen by medical staff from the main jail. Interviews with medical and mental health staff revealed that they have a good understanding of the dynamics of sexual abuse. Medical staff reported they examine the victims of sex abuse, but they do not collect any physical evidence or complete any part of a rape kit.

The PREA policy reads in part as follows: *Sexual Assault Response Team (SART): The DCDC will operate a Sexual Assault Response Team consisting of Medical and Mental Health staff, the designated PREA Coordinator, Investigative staff and individuals as identified by the Director. The SART team will be responsible for ensuring appropriate steps are taken to care for an inmate who reports sexual abuse.*

Recommendation:

1. Incorporate or increase awareness for staff about their duties to report and respond to reports of sexual harassment.
2. Revise the PREA policy and the Sexual Assault Response plan to include the definitions and language from the PREA standards.

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

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Memo from PCM dated July 10, 2015, indicating that DCDC does not do any collective bargaining that would limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation.
- Fraternal Order of Police (FOP) Contract

Interviews, Document and Site Review:

CJC is not involved with collective bargaining, though staff can opt to become a member of the Fraternal Order of Police. Auditors were provided with the FOP contract to review.

Interviews with the Deputy Director and the PCM confirmed that the agency does allow staff to become members of the FOP, but there are no collective bargaining provisions through the FOP, or anywhere else, that would limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation. Furthermore, no such provision has been suggested by any FOP member.

Standard 115.267 Agency protection against retaliation

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA 90 day Review and Tracking Form
- PREA Policy 3.1.108

Interviews, Document and Site Review:

The agency does have language in their PREA Policy 3.1.108 p3. CJC uses the PREA 90 Day Review and Tracking form to monitor both staff and inmates against retaliation. The form does document the date of the allegation, outcome of the investigation, dates of review, and room for notation from OPR, Grievances, Medical/Mental Health, Classification, Inmate Requests, and Inmate Statements. It has signature of the inmate, PREA Coordinator, and Deputy Director. As this standard requires, auditors did not ascertain that this monitoring entailed periodic in-person status checks of the inmate, or that inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff were taken into account for items that can should be monitored for an inmate. Additionally, there was no indication or demonstration that retaliation monitoring occurs for staff members, and the method or procedure for doing so was not made evident to auditors.

Additionally, the standard requires that the facility designate which staff members or departments are responsible for monitoring retaliation. It is recommended that policy state who is charged with this duty. Interviews and discussion with staff seemed to reveal that it is not widely known whose responsibility the monitoring is. There were no cases being monitored at CJC at the time of the on-site visit.

Corrective Action:

1. The staff or department charged with monitoring retaliation should be named in the PREA policy, or by memo, and should be implemented as such in practice.
2. Documentation is needed to show training or other instructions on how to monitor staff and/or inmate retaliation. It is recommended that the current 90 day monitor form be revised to include the items to be monitored; any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. In addition, the method and expectations of monitoring staff should be outlined, or perhaps separate forms be used to monitor staff

and inmates.

UPDATE

1. Auditors were provided with amended policy language that stated, “DCDC shall protect all inmates (and staff) who report sexual abuse or sexual harassment or cooperate with investigations from retaliation from other inmates and staff. The DCDC PREA Review Team shall monitor the conduct and treatment of inmates (and staff) who have reported sexual abuse or cooperated with investigations, including inmate disciplinary reports, housing and/or programs for at least 90 days. Monitoring will be documented by the PREA Review Team on a PREA 90 day Review and Tracking Form (DCC 420) during their monthly meeting. (Additional monitoring may continue if warranted.)”
This language is found on page 5 of the agency’s PREA policy. This corrective item is satisfied.
2. The items to be monitored are outlined in policy as noted in the above corrective action. The monitoring is conducted monthly by the PREA Review Team. In addition to using the tracking form, the use of the PREA Review Team provides opportunity for multi-disciplinary monitoring and discussion of inmate behavior, demeanor, changes, etc. This corrective item is satisfied.

Standard 115.271 Criminal and administrative agency investigations

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Investigative Reports
- PREA Policy 3.1.108
- Investigation Cover Sheet
- Investigation Log,
- Potential Perpetrator/Victim Screening Tracking and Mental Status Exam Form
- Disciplinary Misconduct Reports
- Informational Report
- Inmate Statement Forms

Interviews, Document and Site Review:

There are no PREA investigators or PREA investigation files kept at the CJC. All PREA investigations for the CJC are initiated through the OPR located in the main jail. There was only one PREA investigation completed at CJC during the past year, and that was done by the Douglas County Sheriff’s department. Auditors reviewed the investigative files while onsite at the main facility. In general, files were missing some elements that are required in this standard. Administrative investigations should consist of written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence including copies of all documentary evidence where feasible. Complete and thorough documentation of these elements was lacking. In addition, it was noted that in some instances, the investigations were completed by staff other than those in the OPR office. In any reports of alleged sexual abuse as defined by the PREA standards, an investigator who has received specialized training in sexual abuse investigations in confinement settings must conduct the investigation.

The investigator for case (5-389), which was included in pre-audit information, was Sgt. Dawn Russell-Cummings. Also included as part of the documentation was an investigation cover sheet, an investigation log, a potential perpetrator/victim screening tracking and mental status exam form for each inmate, informational report(s), disciplinary misconduct reports for each inmate, inmate statement forms, correction restriction screen copies for each inmate including a photo, and inmate request forms. The report did not contain a conclusion as to whether the allegation was substantiated, unsubstantiated, or unfounded. Each inmate was given a disciplinary report, but not for prohibited sexual activity. Both inmates in this case were moved from their housing unit to A/C. The report contained a recommendation that since this was the first PREA report the victim had been involved in, that she remain in A/S and work her way out. It is not known if this case was referred to the DCSO for investigation, or to the County Attorney for prosecution.

PREA policy 3.1.108 states that an investigation will be conducted and documented whenever a sexual assault or threat is reported. The policy does not include a definition of sexual assault. This is another example of the PREA language and the facility language differing. To eliminate confusion, and to clearly define what behaviors are prohibited by the PREA standards, the policy should contain the definitions for sexual abuse and sexual harassment as contained in the PREA standards. Documentation was provided to show several staff in the OPR had received the specialized investigator training through NIC. However, there was no documentation to show that Sgt. Russell-Cummings had completed the training for investigators. Interviews with staff did reveal that records of investigations are retained for the length of time required.

Interviews with OPR staff indicated that sexual abuse investigations are of utmost importance and priority, and that the initiation of those investigations is immediate. The interviews and discussions corroborated that allegations are met with objectivity. Generally, when there is evidence to be collected, that will be performed by the criminal investigator from the SO. OPR staff also explained (and was demonstrated to auditors) that upon any inkling of criminal activity, a case would be referred to the SO immediately. OPR staff also asserted that the departure of an alleged victim is never cause to terminate an investigation. Additionally, it appeared to auditors that there is a good relationship between OPR and the SO, and that remaining informed of the status of an investigation is a naturally occurring process.

Corrective Action:

1. The PREA policy needs to contain definitions for sexual abuse and sexual harassment that are congruent with the PREA standards.
2. Each investigation for sexual abuse or sexual harassment should be determined to be substantiated, unsubstantiated, or unfounded.
3. Provide documentation that Sgt. Russell-Cummings has completed specialized training in sexual abuse investigations. Ensure that alleged sexual abuse investigations are conducted only by investigators with specialized training. It is recommended that sexual harassment investigations be conducted by the same investigator or by staff who have received the specialized training.
4. Train all staff on the revised PREA policy and definitions for sexual abuse and sexual harassment and provide documentation of training.

UPDATE 03/18/16:

1. The definitions have been added to the policies and to the inmate handout materials. The information has been played regularly on the inmate TV system. This provision is satisfied.
2. All investigations are now determined to be substantiated, unsubstantiated, or unfounded. Auditors have reviewed said documentation. This provision is satisfied.
3. Sgt. Cummings has completed specialized training for investigators, although all PREA investigations go to the OPR for investigation. This provision is satisfied.
4. All staff have been trained on the changes to the PREA policy. Documentation of the training was provided. This provision is satisfied.

Standard 115.272 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3.1.108

Interviews, Document and Site Review:

The PREA policy states, “The DCDC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.”

Interviews with OPR staff indicated that sexual abuse investigations are of utmost importance and priority, and that the initiation of those investigations is immediate. There was only one PREA investigation completed at CJC during the past 12 months, and that was done by the Douglas County Sheriff’s office. Auditors did not get a solid and clear picture that OPR is completely aware of and utilizes the dispositions as defined and set forth in the PREA standards; substantiated, unsubstantiated, and unfounded. When queried as to the preponderance of evidence, it was not clearly articulated. Auditors were not necessarily able to determine this by file review due to the fact that most files did not document the disposition of the case.

Corrective Action:

1. Investigative reports need to utilize case dispositions as defined and set forth in the PREA standards; substantiated, unsubstantiated, and unfounded.
2. Provide documentation to show dispositions as outlined above are included in investigative reports.

UPDATE

1. Case disposition definitions have been added the agency PREA Policy and verified by auditors in the form of investigation review and additional documentation provided. This standard is satisfied.

Standard 115.273 Reporting to residents

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3.1.108
- Investigation Files

Interviews, Document and Site Review:

All PREA investigations completed at the CJC are done so by the OPR at the main jail facility. The PREA policy states in part as follows: *Following the investigation, DCDC shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the DCDC did not conduct the investigation, it shall request the relevant information from the DCSO in order to inform the inmate. OPR will notify the ICE Field Office Director when an investigation involves an ICE detainee.*

The policy does not state how the inmate is informed of the outcome. Through discussion with a facility investigator, it was learned that the notification does not always happen because the inmate who made the report may have been released or transferred. It appeared that the notification is made verbally, when it is made. Auditors were not provided documentation of this notification nor told the procedure for doing so.

Corrective Action:

1. While the PREA standards relieve the facility from its obligation to report if the inmate is released from the agency's custody, documentation of that is still necessary. Auditors recommend creation of a form that can be used to make notification. In the event the inmate has released prior to making the notification, note the date of release on the form and keep it in the investigation file as documentation.
2. In addition, there are several other stipulations for this standard that are not addressed in the policy (or practice), noted as follows:
Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:
 - (1) The staff member is no longer posted within the inmate's unit;
 - (2) The staff member is no longer employed at the facility;
 - (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 - (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
3. All such notifications or attempted notifications shall be documented.

UPDATE 02/03/16:

1. The agency created a form for inmate notification. The PREA Coordinator provided said form for auditor review, which was an example of a completed notification. This provision is satisfied.
2. Agency policy dictates that an inmate will be notified pursuant to provisions (c) and (d) following an allegation of sexual abuse. This could be strengthened by incorporating the language or checkboxes with the language of provisions (c) and (d). Nevertheless, this provision is satisfied.
3. Documentation is completed on the Notification Memo form. This provision is satisfied.

Standard 115.276 Disciplinary sanctions for staff

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Policy 1.3.110 Employee Code of Conduct

Interviews, Document and Site Review:

Staff at CJC are subject to disciplinary sanctions up to and including termination for any violation of sexual abuse policy – though again, the policy and awareness of sexual *harassment* is not adequately addressed or permeated.

The HR department for CJC is staffed and housed at the main jail building. The policy states that termination is the presumptive sanction for “sexual touching.” The policy does not have a definition for what sexual touching entails. This is another example of the use of language that is different from the language in the PREA standards, i.e. sexual touching, sexual contact, sexual misconduct, and sexual assault. For the purpose of PREA, there is sexual abuse or sexual harassment. Interviews with HR staff indicate that in cases where termination is not indicated, disciplinary action is based on the severity of the violation and the disciplinary history of the staff member. Violations are reported to law enforcement when the violation is a criminal matter.

Recommendation:

1. In order to remain consistent in the terms used, the language from the PREA standards need to be incorporated into the policy.

Standard 115.277 Corrective action for contractors and volunteers

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Policy 5.5.106 Screening and Selection of Volunteers and Contract Providers
- Sexual Assault/Abuse Policy, A Guide for Contracted Staff and Volunteers
- PREA Policy 3.1.108

Interviews, Document and Site Review:

Policy 5.5.106 states in part as follows, “Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.”

- Policy mandates this corrective action, and this was corroborated through interviews with staff and leadership, including the staff who oversee the volunteer/contractor programs. Contractors and volunteers are provided with a pamphlet: Sexual Assault/Abuse Policy, A Guide for Contracted Staff and Volunteers. The pamphlet, however, needs to be updated to reflect language and definitions that are congruent with this standard.

Pre-audit documentation indicated that there were no cases of alleged sexual abuse or sexual harassment or disciplinary action involving contractors or volunteers during the period under review. It was learned through discussions with staff that such corrective action would be immediately taken, though, due to the nature of entering and exiting the CJC building it is unclear how CJC would ensure a volunteer or contractor would be prohibited from entering if such an instance were to occur. It is recommended that CJC implement a method to ensure a volunteer or contractor would be prohibited from entering if such an

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instance were to occur.

Corrective Action:

1. Revise the Contractor/volunteer pamphlet to include the language and definitions congruent with this standard.

UPDATE:

1. Documentation was received by auditors to show that the revised definitions had been added to the pamphlet given out to contracted staff and volunteers during their training. This provision is satisfied.

Standard 115.278 Disciplinary sanctions for residents

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Community Corrections Handbook
- PREA Policy 3.1.108

Interviews, Document and Site Review:

Inmates are disciplined only after a formal disciplinary process. All inmates residing at CJC were first admitted to the jail. There are no direct admissions to CJC and all inmates must meet certain criteria prior to coming to CJC. Inmate are given a copy of the Inmate Handbook when they arrive to the jail, as part of the orientation process. The facility rules and sanctions are provided, along with Sexual Assault Information. This information is provided again in the sexual assault pamphlet and with the Community Corrections Handbook when the inmates are moved to CJC. The CC Handbook states:

Upon arrival at the CJC, all clients will receive a handbook, view an orientation video, and review the DCDC sexual abuse zero tolerance policy. Refer to Appendix A of this handbook for additional information regarding the sexual abuse policy.

The CC Handbook addresses CJC rules and regulations on page 7 and assert that “threats, abusive language, physical abuse, harassment, or posturing” may result in being moved back to secure custody at the jail. In addition, the handbook asserts that male/female contact between inmates is strictly prohibited and that “sexually suggestive gestures and flirtation with other individuals. Sexual contact, of any type, is prohibited. This includes touching, verbalizations, or indecent exposure. Any sexual behavior may result in removal from the CJC.”

Page 36 of the CC Handbook lists possible disciplinary measures for violating rules and regulations at CJC. These would be applied simultaneously as an investigation into any allegation of sexual abuse or sexual harassment. Any criminal conduct would be referred to the SO for investigation and possible criminal prosecution if applicable.

The CC Handbook should contain definitions of sexual abuse and sexual harassment that are congruent with the PREA standards. Currently the handbook lacks information regarding sexual harassment altogether.

A formal disciplinary process entails the facility hearing officer issuing discipline, however, there is no indication that the facility hearing officer considers an inmate’s mental illness or disability in determining the sanction for a conviction of inmate on inmate

sexual abuse as required in provision (c).

CJC does not offer therapy or counseling to address any underlying motivations for sexual abuse.

It is likely that an inmate would be disciplined for sexual contact with a staff member. The CC Handbook asserts that any sexual comments or gesturing toward staff “will result in immediate disciplinary action up to, and including, removal from the CJC.”

Auditors learned from discussion with staff and administration that inmates are not disciplined for making reports of sexual abuse or sexual harassment when made in good faith. There were investigations or other information that refuted that.

All sexual contact between inmates *is* prohibited at CJC and it was clear that any such contact would not be considered sexual abuse unless it was determined to be coerced. Again, however, it is recommended that definitions of sexual abuse and sexual harassment be included in the CC handbook.

Corrective Action:

1. The CC handbook needs to be revised to include the definitions of sexual abuse and sexual harassment as outlined in the PREA standards. Also, the section of the DCDC Inmate handbook titled “Inmate Discipline” which starts on page 19, should be revised to include the language from PREA standard 115.278.
2. Documentation will need to be provided to show that facility disciplinary hearing officers have been trained on this section of the PREA standards and consider an inmate’s mental illness or disability in determining the sanction for a conviction of inmate on inmate sexual abuse.

UPDATE 03/18/16:

1. The agency has revised the definitions of sexual abuse and sexual harassment, and they are now congruent with the PREA standards. The definitions have been added to policy and other materials. Staff have also been required to take and pass an electronic quiz regarding the revised definitions and policy. This provision is satisfied.
2. On 03/02/16, the PREA Coordinator, provided auditors with documentation that the hearing officers had reviewed this entire standard. Hearing officers’ signatures were provided as additional verification. This provision is satisfied.

Standard 115.282 Access to emergency medical and mental health services

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Policy 4.5.100 Health Care Services
- PREA policy 3.1.108

Interviews, Document and Site Review:

Because CJC is under the umbrella of DCDC, the DCDC policies apply equally to CJC. The PREA policy outlines a specific procedure in regard to this standard and states in part as follows:

Treatment for Victim: Inmate or staff victims will be provided urgent/emergent medical attention by medical staff when indicated. Treatment services shall be provided without financial cost and regardless of whether the victim names the abuser. Victims of

sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence. If these procedures are performed in-house, the following guidelines are used: A history is taken by health care professional who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victims consent, the examination includes collection of evidence from the victim, using a kit approved by the appropriate authority. Provision is made for testing for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases) and counseling, as appropriate. (Inmate victims of sexual abuse while incarcerated shall be offered timely information about and access to all pregnancy-related medical services that are lawful in the community.) Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate.

• Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need from crisis intervention counseling and long-term follow-up. A report is made to the facility or program administrator or designee to assure separation of the victim from his or her assailant. Whenever an inmate reports that a sexual battery/assault/rape occurred while incarcerated in DCDC, the DCSO will coordinate collection of physical evidence with the local medical facility. Under no circumstances will on site medical staff gather evidence. All potential victims will be referred to a community facility.

The Health Care Policy, 4.5.100, reads in part as follows:

When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours. There are twenty-four-hour (24) emergency medical, dental, and mental health services. Services include the following: On-site emergency first aid and crisis intervention. Emergency evacuation of the inmate from the facility. Use of an emergency medical vehicle. Use of one or more designated hospital emergency rooms or other appropriate health facilities. Contract medical services provides emergency on-call or physician, dentist, and mental health professional services are available 24 hours per day, and also uses when the emergency health facilities located in the community.

Inmate victims of sexual abuse at DCDC are provided with timely and unimpeded access to emergency medical services. These are obtained through the Nebraska Methodist Hospital. DCDC has 24/7 medical staff who would be there to respond to any report of sexual abuse at CJC. Access to timely emergency contraception and STI prophylaxis is provided as part of the forensic exam process. Correspondence between the PREA Coordinator and SANE supported that these services are provided as part of the protocol. All services are provided free of cost to inmates.

Interviews with staff corroborated what is written in this policy. There were no CJC inmates taken for forensic exams during the review period.

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

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- Policy 4.5.100 Health Care Services
- PREA policy 3.1.108

Interviews, Document and Site Review:

DCDC employs 24/7 medical staff and full-time mental health staff who offer follow-up treatment as necessary to inmate victims of sexual abuse housed at CJC. Largely due to the accessibility and availability, these services are likely above that of the community level of care. Female inmate victims of sexual abuse are offered pregnancy and STI testing as part of the forensic

exam protocol. DCDC/CJC would ensure all lawful pregnancy-related medical services are made available for the inmate victim, though there have been no such instances at DCDC/CJC during the current review period.

The information auditors provided for 115.282, also applies to this standard. Staff reported that inmates are not required to pay for the treatment services they receive, and there is no provision that makes naming their perpetrator a condition of receiving services.

Provision (h) is not applicable to jails or community corrections facilities.

Standard 115.286 Sexual abuse incident reviews

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3.1.108
- Investigation Documents and Review
- PREA Review Team Meetings

Interviews, Document and Site Review:

The facility does have a PREA team that conducts a review of sexual abuse cases on the third Wednesday of each month. The policy contains the information that the standard requires for review. However, the facility practice has been to conduct a review of only sexual abuse cases that have been substantiated. The standard requires that a review be completed on unsubstantiated sexual abuse cases, also. This needs to be made clear in the policy. In addition, auditors were not provided with a demonstration that the required elements were considered in practice; these were not included in the review form or any other documentation.

A revised PREA review process form was received by the auditors shortly after completing the on-site portion of the audit.

Corrective Action:

1. Implement sexual abuse incident reviews for substantiated and unsubstantiated sexual abuse investigations. Demonstration of this in practice will need to be provided for auditor review. A period of three months of such documentation will be need to be provided to auditors in order to demonstrate institutionalization of this practice.

UPDATE:

1. On 09/11/15, the PREA Coordinator provided the agency’s formalized incident review form. After some clarification and discussion between the PREA Coordinator and auditors, and an additional amendment was made to the form. The PREA Coordinator reported that the review process had not yet been utilized due to all investigations being unfounded. Auditors iterated that it would be normal and anticipated that the review be utilized and, in fact, perhaps indicative of an effective reporting culture and coordinated response. On 02/23/16, auditors requested any investigations that had been conducted, which were received on 02/25/16. The two (2) investigations were deemed unfounded and appeared to be justified as such, thus not requiring an incident review. This standard is satisfied.

Standard 115.287 Data collection

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3.1.108 p8
- 2014 PREA Annual Report
- 2014 Survey of Sexual Victimization

Interviews, Document and Site Review:

CJC reported that sexual abuse and sexual harassment data is collected and aggregated. Since this is an agency level standard, auditors analyzed from that perspective and thus, considered the information also provided for the DCDC audit. The most recent Survey of Sexual Victimization (SSV) completed by the agency was provided for auditor review. Agency-wide, SSV data is aggregated by CY 2014, and thus it differed from the data of the review period (August 2014-August 2015). The SSV indicated that there were 20 allegations of Nonconsensual Sexual Acts, all of which were reported as unfounded. This causes concern due to the unlikely probability of 100% of allegations being truly unfounded; meaning that evidence existed to prove the allegation did NOT happen. Similarly, there were no allegations of inmate-on-inmate sexual harassment reported, which raises a similar concern of whether that is an accurate portrayal or reporting culture. Additionally, there were three substantiated cases of Staff Sexual Misconduct reported while the Abusive Sexual Contact section, and Staff Sexual Harassment sections were blank. Missing information and data made it difficult for this documentation to support the institutionalization of sexual abuse data collection efforts. Auditors were not provided documentation of incident-based data other than the incomplete SSV. Therefore, it was difficult to see the whole picture of allegations and investigations and be able to compare that with completed investigations or with the data reported for the SSV.

Furthermore, the definitions offered in the PREA Policy at the time of the onsite audit were included in section “H. Types of Sexual Assault/Rape or Sexual Misconduct.” There were three types listed: Inmate on inmate; Inmate on Staff; and Staff, Contractor or Volunteer Contact with Inmates. These definitions did not include sexual harassment and were not congruent with the definitions of sexual abuse and sexual harassment in the PREA standards. Auditors had this discussion with the PREA Coordinator and facility leadership. Within the week following the onsite audit, the PREA Coordinator provided a revised PREA Policy that reflected revised definitions that were congruent with the PREA definitions. Hence, the SSV is the standardized instrument, though it needs to be fully completed and the PREA definitions are now the standardized set of definitions. DCDC now needs to gather and aggregate sexual abuse and sexual harassment data based upon those revised definitions.

The agency does collect this data at least annually by virtue of reporting on the SSV.

Auditors learned that incident-based documents and investigative files are collected, secured, and maintained by OPR, while the sexual abuse incident reviews are collected, secured, and maintained by the PREA Coordinator.

115.87(e) is not applicable because neither CJC nor the agency contracts with private facilities for the confinement of inmates.

115.87(f) is not applicable because DOJ has made no requests for data.

Corrective Action:

1. Provide auditors with completed 2014 SSV forms.
2. Provide auditors with some documentation (i.e. spreadsheet, database) in which sexual abuse and sexual harassment data is collected and broken down by allegation type and disposition, etc. This will provide the auditors with a glimpse into

the typology and trends of reports during the reporting period.

UPDATE 2/16/16:

1. BJS reported to the agency that the 2014 SSV forms are no longer available, and thus could not provide them. Auditors were forwarded the email verifying this. Consequently, this provision is null.
2. The enhanced PREA Annual Report more thoroughly outlines data collected and aggregated; to show that the agency collects, “accurate, uniform data for every allegation of sexual abuse,” it includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence, and demonstrates that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. This standard is satisfied.

Standard 115.288 Data review for corrective action

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3.1.108 p8
- 2014 PREA Annual Report

Interviews, Document and Site Review:

Auditors gathered that the agency does use sexual abuse data to improve the effectiveness of its sexual abuse prevention, detection, and response. Auditors reviewed the 2014 PREA Annual Report, which cites the facility’s PREA efforts. These PREA efforts include some corrective actions that have been taken, such as modification of the inmate risk assessment, and modification of the timeframe for inmate reclassification. There are aspects of the data utilization that could be strengthened in order to do this more effectively. However, this annual report should include the identification of problem areas, corrective actions taken on an ongoing basis, and “findings and corrective actions for each facility, as well as the agency as a whole” per 115.88(a). Additional guidance from a Department of Justice representative clarified that data posted on an agency’s website should at minimum break down sexual abuse vs. sexual harassment. Better yet would be to break down that data by staff-inmate and inmate-inmate sexual abuse vs. sexual harassment.

115.88(b) is not applicable since this is CJC’s first PREA audit. Therefore, there are no previous year’s data or reports to compare.

The pre-audit information, as well as the PREA Coordinator and Agency Head designee, asserted that the PREA Annual Report is approved by the Agency Head. In addition, auditors viewed it on the agency website.

It was not necessary for the agency to redact any information from this annual report. In future reports, CJC will need to ensure that specific material can be redacted if it presents a clear and present threat to the safety and security of the facility, though the nature of the material that was redacted must be indicated.

Corrective Action:

1. Enhance the PREA Annual Report to include the identification of problem areas, corrective actions taken on an ongoing basis, and “findings and corrective actions for each facility, as well as the agency as a whole.”
2. Provide data in the Annual Report and thus on the website that differentiates sexual abuse and sexual harassment.

UPDATE 02/19/16:

1. Auditors were provided with an enhanced PREA Annual Report which includes identification of problem areas, corrective actions taken on an ongoing basis, findings, and corrective actions. Auditors felt the report satisfied the needed corrective action and verified that this enhanced report had been placed on the agency website. This provision is satisfied.
2. Auditors verified that the data provided in the PREA Annual Report and website did differentiate sexual abuse from sexual harassment. This provides a much clearer picture of the overall reporting culture of the agency. Auditors reiterated that, in the future, the report will also need to include a data comparison from previous years. This provision is satisfied.

Standard 115.289 Data storage, publication, and destruction

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

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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy 3.1.108 p8
- 2014 PREA Annual Report

Interviews, Document and Site Review:

CJC sexual abuse data is contained in the 2014 PREA Annual Report. Auditors learned that the data therein is collected, secured, and maintained by OPR (Office of Professional Responsibility) and is available on the agency website at the following link: <http://corrections.dccorr.com/images/sexualabuseprevention.pdf>

115.89(b) is not applicable, as CJC contracts with no private facilities.

Review of the annual report on the agency website revealed no personal identifiers. The PC creates the PREA Annual Report and ensures that no personal identifiers are present.

The agency PREA Policy p8 states, “All sexual abuse data is securely stored for a minimum of 10 years.”

AUDITOR CERTIFICATION

I certify that:

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

Talia Huff/Ray Reno

March 21, 2016

Auditor Signature

Date