

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS AND JAILS



Name of Facility: Phelps County Corrections			
Physical Address: 715 5 th Avenue, Suite 20, Holdrege, NE 68949			
Date Report Submitted: October 9, 2016			
Auditor Information			
Address: 301 Centennial Mall South, Lincoln, NE 68509			
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Date of Facility Visit: December 7, 2015			
Facility Information			
Facility Mailing:			
Address <i>(if different from above)</i>			
Telephone Number: 308-995-5692			
The facility is:	Military	<input checked="" type="checkbox"/> County	Federal
	Private for Profit	Municipal	State
	Private not for Profit		
Facility Type:	<input checked="" type="checkbox"/> Jail	Prison	
Name of PREA Compliance Manager: Penny Gregg		Title: Lieutenant/Jail Administrator	
Email Address: penny@phelpscountyso.com		Telephone Number: 308-995-3129	
Agency Information			
Name of Agency: Phelps County Corrections			
Governing authority or parent agency: Phelps County Sheriff's Office <i>(if applicable)</i>			
Physical Address: 715 5 th Avenue, Suite 20, Holdrege, NE 68949			
Mailing Address: <i>(if different from above)</i>			
Telephone Number: 308-995-5692			
Agency Chief Executive Officer:			
Name: Gene Samuelson		Title: Sheriff	
Email Address: gene@phelpscountyso.com		Telephone Number: 308-995-5692	
Agency Wide PREA Coordinator:			
Name: Penny Gregg		Title: Lieutenant/Jail Administrator	
Email Address: penny@phelpscountyso.com		Telephone Number: 308-995-3129	

AUDIT FINDINGS

NARRATIVE:

Pre-Audit activity began approximately thirty (30) days prior to the on-site audit. Pre-audit activities consisted of reviewing the facility questionnaire with supplied documentation and working with the facility's PREA Coordinator to clarify provided data. Phelps County Corrections PREA Audit was conducted December 7-10, 2015. During this time period the average inmate population was 38. Actions taken during this time period consisted of a facility tour, additional documentation review, witnessing staff procedures, conducting inmate, staff as well as contractor/volunteer interviews. Since the on-site facility audit additional information has been requested and received from the facility to clarify any outstanding questions. Further review of data gathered during pre-audit, audit and post audit phases has occurred resulting in this Auditor's Summary Report.

After the initial summary report was submitted on April 13, 2016 the agency and the Auditor began to collaborate on a corrective action plan. On October 4, 2016 final supporting documentation along with revised policies and procedures were submitted by Phelps County Corrections for review and evaluation. These submitted policies and procedures along with other supporting documentation have allowed Phelps County Corrections to become fully compliant with PREA Standards.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Phelps County Corrections facility is located in Holdrege Nebraska. The agency consists of one adult detention facility with a designed capacity of 51 inmates. The population is made up of both female and male inmates with the average length of stay being approximately thirty three (33) days. The facility houses inmates at custody levels of minimum, medium and maximum security. In addition to county inmates Phelps County Corrections contracts with Immigration and Customs Enforcement (ICE) for the detention of immigration detainees and the Nebraska Department of Correctional Services (NDCS) for the detention of inmates in the custody of the State of Nebraska.

Phelps County Corrections operates with oversight from the Phelps County Sheriff's Office however the two agencies operate independently. Lieutenant Penny Gregg is the Jail Administrator for Phelps County Corrections and oversees the day-to-day operation of the Facility. Since this agency operates one stand-alone facility Lieutenant Gregg operates as both the PREA Coordinator and PREA Manager. Lieutenant Gregg reports directly to Sheriff Gene Samuelson.

Phelps County Corrections has recently changed its on-site medical services contract to Advanced Correctional Health Care. Mental health services are provided through a local mental health professional. Any emergency medical services or forensic medical exam services will be referred to the Good Samaritan Hospital in Kearney Nebraska.

Phelps County Corrections does not maintain a designated trained investigator for administrative or criminal investigations. Any incidents of sexual abuse or sexual harassment are referred to investigators with the Phelps County Sheriff's Office. If allegations are made against staff the referral will be made to the Nebraska State Patrol.

SUMMARY OF AUDIT FINDINGS: From December 7-10, 2015 an on-site audit was conducted at the Phelps County Corrections facility in Holdrege Nebraska. The results for the Initial Summary Report and Final Summary Report are indicated below. For the Standards not met during the Initial Summary Report they mostly consisted of policy issues, training and not practicing existing policy. Inmates housed at this facility stated during interviews that they did feel safe and believed staff would do what was necessary to protect them.

Initial Summary Report

Final Summary Report

Number of standards exceeded:	2	Number of standards exceeded:	2
Number of standards met:	29	Number of standards met:	41
Number of standards not met:	12	Number of standards not met:	0

§115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.11 (a)

The facility developed Policy series “F” that covers PREA. Policy F 100-1300 outlines how the agency will implement their approach to preventing, detecting and responding to sexual abuse and harassment.

115.11 (b)

Policy F-300 states that the Administrator is responsible for development, implementation and oversight of the agency’s efforts to comply with PREA. This was supported by interviews with the Jail Administrator, observations of facility operation and provided documentation.

115.11 (c)

Does not apply to this facility

The facility has demonstrated full compliance with this standard.

§115.12	Contracting with other entities for the confinement of inmates.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.12 (a) and 115.12 (b)

This agency does not house county inmates at other facilities under contract. They do contract to hold federal detainees for Immigration Customs Enforcement (ICE) and inmates for the Nebraska Department of Correctional Services. This Standard does not apply to this agency.

The facility has demonstrated full compliance with this standard.

§115.13	Supervision and monitoring.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.13 (a)

Standard is supported by agency policy F-400, interviews and provided documentation. The agency’s staffing plan is based off the facility’s activity schedule which consists of activities that occur in the facility. Staffing plan also breaks down days of the month and time of day with minimum number of staff to operate.

115.13 (b)

Policy also requires that in circumstance where the staffing plan is not followed Administration will supply documentation with a justification of why the plan was not followed.

Non-Compliance Issues:

115.13 (c)

No documentation or other supporting evidence was provided demonstrating at least annual reviews of established staffing plans, the facility’s deployment of video monitoring systems/technologies and the resources the facility has available to commit to ensure adherence to that staffing plan.

115.13 (d)

Policy F-400 covers intermediate level or higher level supervisors conducting and documenting unannounced rounds; however no documentation was available demonstrating these rounds as called for in standard. Policy does not cover prohibiting staff from alerting other staff of such rounds.

Corrective Action Period:

115.13 (c)

In June of 2016 the facility had its initial staffing plan review. Documentation of this annual review was provided as part of the corrective action. Other documentation received during this time was deviations from staffing plans. Deviations did occur to regular staffing plans however the facility did not compromise staffing numbers. Instead the facility utilized overtime and swing shift staff.

115.13 (d)

Facility policy F-400 covers intermediate level or higher level supervisors conducting and documenting unannounced rounds. The facility had existing documentation but failed to supply it during the on-site audit. Since the on-site audit the facility has supplied six (6) months of documented rounds. Policy F-400 (D) was developed prohibiting staff from alerting other staff members of such rounds.

After a corrective action period this agency has demonstrated full compliance with this standard.

§115.14	Youthful inmates.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Non-Compliance Issues:

115.14 (a), 115.14 (b) & 115.14 (c)

Throughout the on-site audit process, interviews and observations it was determined that the facility has housed youthful inmates on occasion. Youthful inmates are housed sight and sound separate from adult inmates. Youthful inmates will either occupy a single cell in holding/booking or if needed a two bed unit in the facility adjacent to other housing units. No youthful inmate is ever housed with adult inmates as an agency practice. Whereas this standard was supported by interviews and observations no other supporting evidence such as policy or procedure documentation was provided.

Corrective Action Period:

115.14 (a) & (b)

Policy C-830 was revised to include the agencies practice of housing youthful offenders sight and sound separate from adults. In addition this policy states that in areas outside of housing units the agency must either maintain sight and sound separation or provide direct staff supervision to prevent contact.

115.14 (c)

Revisions to policy C-830 also affirms that Phelps County Corrections will make its best efforts to avoid placing youthful inmates in isolation to comply with this standard. Phelps County Corrections per policy absent exigent circumstances will provide youthful inmates daily large-muscle exercise, any legally required special education services and access to other programs and work opportunities to the extent possible.

Facility policy C-830 also details where youthful inmates will be held sight and sound separated. It should be noted that Phelps County Corrections does not regularly house youthful inmates.

After a corrective action period this agency has demonstrated full compliance with this standard.

§115.15	Limits to cross-gender viewing and searches.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.15 (a)

The Phelps County Jail policy C-500 states that staff does not conduct cross gender searches. This was also supported by observations and informal interviews.

115.15 (b)

Facility policy as well as state standards prohibit cross gender searches.

115.15 (f)

During interviews and document review it was determined that staff do receive training in cross-gender pat searches as well as searches of transgender and intersex inmates. The training curriculum utilized was developed by the PREA Resource Center.

Non-Compliance Issues:

115.15 (c)

Phelps County Corrections documents incidents of cross gender searches; however there was documentation provided to support this practice. The practice is not supported by facility policy. Policy needs to be revised to reflect standard in regard to documentation if such incidents were to occur.

115.15 (d)

The facility was constructed in 2004. The facility's design allows for inmate privacy to shower and to use the toilet areas. Policy C-300 B-8 addresses cross gender viewing. This policy also states that male staff will only enter a female housing unit with a female staff member no announcement needed. In contrast females will announce their presence when entering a male housing unit without a male staff member being present. Policy should be the same for male and female staff alike. Opposite gender staff must announce their presence regardless of whether they are accompanied by staff member of the opposite gender.

This information was gained through policy review and interviews.

115.15 (e)

Staff confirmed during interviews that this is practice, however no policy addresses this specifically in policy B-100 that was cited in the questionnaire.

Corrective Action Period:

115.15 (c)

During the corrective action period Phelps County Corrections has supplied documentation of cross gender searches supporting their existing policy (B-120) and practice.

115.15 (d)

Policy C-300 (B-8) addresses staff avoiding any cross gender viewing of an inmate showering, performing bodily functions and changing clothing. The facility has elected to adopt a more strenuous policy and procedure which not only requires staff announcements before entering the housing units of opposite gender inmates, but also requires male staff members to only enter female units when accompanied by a female staff member.

115.15 (e)

Phelps County Corrections policy B-120 was revised as part of corrective action to reflect facility practice and PREA standard. Policy states that “A search will not be conducted solely to determine the inmate's genital status in transgender or intersex inmates”.

After a corrective action period this agency has demonstrated full compliance with this standard.

§115.16	Inmates with disabilities and inmates who are limited English proficient.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.16 (a) & 115.16 (b)

Policy C-200 establishes procedures for providing equal opportunity for inmates to participate in or benefit from all aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. The agency has a contract with an interpreting service to provide assistance. In addition the agency has written materials in multiple languages. Policy C-200 also states that staff will read and explain materials when needed.

115.16 (c)

Policy C-200 prohibits the use of inmate interpreters. This was further supported by staff and inmate interviews.

The facility has demonstrated full compliance with this standard.

§115.17	Hiring and promotion decisions.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.17 (a) and 115.17 (b)

According to policy A-200 Phelps County Corrections will not employ or promote anyone who may have contact with inmates and will not enlist contractors who may have contact with inmates who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution.
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse
- Has been civilly or administratively adjudicated to have engaged in the activities listed above.

This was supported by policy, interviews and provided documentation specifically employee acknowledgment forms.

115.17 (c) and 115.17 (d)

According to policy, interviews and provided documentation a criminal background records check will be completed on all new hires, any contracted or volunteer person who may have contact with inmates prior to any contact with inmates. Best efforts will be given to contacting all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

115.17 (e)

According to policy A-200 section D-5, interviews and provided documentation criminal background record checks are conducted at least every five (5) years for current employees and contractors who may have contact with inmates.

115.17 (f) and 115.17 (g)

Interviews and provided staff acknowledgment forms support that all applicants and current employees who may have inmate contact are asked about any previous misconduct covered in PREA Standard 115.17. Furthermore staff is required to disclose any information of this type prior to promotions or evaluations.

In addition any omissions regarding misconduct listed in PREA Standard 115.17 or evidence of providing false information shall be grounds for termination.

The facility has demonstrated full compliance with this standard.

§115.18	Upgrades to facilities and technology.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.18 (a)

The agency/facility has not acquired a new facility or made substantial expansion or modification to existing facilities since August 20, 2012 or since the last PREA audit. this standard subsection is none applicable.

115.18 (b)

According to interviews and documentation the facility is installing additional video monitoring equipment in response to an incident that occurred in the facility.

The facility has demonstrated full compliance with this standard.

§115.21	Evidence protocol and forensic medical examinations.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.21 (a) and 115.21 (b)

The facility and its staff are not responsible for conducting any form of criminal or administrative sexual abuse investigations.

115.21 (c)

Policy F-1200 covers medical and mental health services provided to victims. The agency staff will utilize the Good Samaritan hospital in Kearney Nebraska for available SAFE/SANE medical staff. If SAFE/SANE medical staff are not available at this time facility staff will utilize medical staff at the Phelps County memorial Health Center (hospital). Policy as well as interviews and documentation support this standard.

115.21 (d) and 115.21 (e)

The agency has a memorandum of understanding (MOU) with The Safe Center which is a local crisis center. The SAFE Center in Kearney Nebraska will be contacted to provide victim advocate services, emotional support, crisis intervention, information regarding additional available services and referrals as needed. Interviews, provided MOU and policy supports this standard.

115.21 (f)

This standard is non-applicable however the Phelps County Sheriff’s Department is aware of the requirements of PREA and has reviewed such standards.

The facility has demonstrated full compliance with this standard.

§115.22	Policies to ensure referrals of allegations for investigations.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.22 (a), 115.22 (b) and 115.22 (c)

Policy F-1000 states that jail administration mandates that investigations are completed for all allegations of sexual abuse and harassment. Incidents alleging allegations of inmate abuse will be referred to the Phelps County Sheriff’s Office. Such allegations towards staff will be referred to the Nebraska State Patrol for investigation. Phelps County Corrections (PCC) publishes this policy to its website.

Policy F-1000, interviews and the PCC website support this standard.

The facility has demonstrated full compliance with this standard.

§115.31	Employee training.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.31 (a) and 115.31 (b)

Phelps County Corrections policy F-600 covers all elements of this standard. Agency’s sexual misconduct and harassment training guide and staff interviews further support this standard.

115.31 (c) and 115.31 (d)

According to training documentation and interviews all staff has received PREA Training. PCC has PREA integrated into their facility employee orientation phase and as part of their required annual training hours. These trainings are documented through employee signatures stating that they have received the training and understand it.

The facility has demonstrated full compliance with this standard.

§115.32	Volunteer and contractor training.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.32 (a) and 115.31 (b)

Policy F-600 states that volunteers and contractors receive training on responsibilities under the agency’s policy and procedure. These volunteers and contractors receive the level of training pertinent to their level of inmate contact. This standard is supported by policy and interviews.

Non-Compliance Issues:

115.32 (c)

No documentation was provided or available demonstrating that PCC maintains documentation confirming that volunteers and contractors understand the training they have received. Documentation needs to be developed and maintained to comply with this standard.

Corrective Action Period:

115.32 (c)

During corrective action Phelps County Corrections supplied signed documentation confirming that volunteers and contractors have both received required training and understand the training they have received.

After a corrective action period this agency has demonstrated full compliance with this standard.

§115.33	Inmate education.
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X 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 conclusion. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.33 (a) and 115.33 (b)

PCC policy F-600 addresses that during the intake process inmates are provided with information explaining the agency’s zero tolerance policy. This standard is further supported by inmate training documentation, inmate acknowledgement forms as well as both staff and inmate interviews. Required comprehensive education within thirty (30) days is also well supported.

115.33 (c) 115.33 (d) and 115.33 (e)

All inmates in the facility at the time of this audit had received PREA training. This was supported by training documentation, acknowledgement forms and inmate interviews. Policy and interviews support that PPC offers this training in other languages and has a contract with an interpreter service.

115.33 (f)

In addition to providing this education the agency ensures that key information is continuously and readily available through posters on the living units and available brochures in multiple languages.

The facility exceeds requirement of standard.

§115.34	Specialized training: Investigations.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Non-Compliance Issues:

115.34

Policy F-1000 states that an administrative investigation will be completed if evidence of sexual abuse or harassment is found. Policy also states the administrator will decide what staff will investigate. Another section of policy states the Phelps County Sheriff’s Office will investigate sexual assaults. All of these policies are very confusing and need to be revised to clarify responsibilities.

Corrective Action Period:

Policy F-1000 has been revised to reflect Phelps County Corrections practice. Policy now states that the Phelps County Sheriff’s Office will investigate all allegations of sexual abuse. The facility will not conduct Administrative Investigations into sexual abuse. By clarifying this policy, procedure and practice this standard is non-applicable to Phelps County Corrections.

After a corrective action period this agency has demonstrated full compliance with this standard.

§115.35	Specialized training: Medical and mental health care.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.35 (a)

Policy F-600 covers all aspects of this standard including:

- 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.
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Interviews of medical staff also support this standard.

115.34 (b)

Medical staff at this facility does not conduct forensic exams.

115.34 (c) and 115.34 (d)

Phelps County Corrections (PCC) maintains records of medical and mental health staff training. Medical and mental health staff in this facility receives the same type of training that volunteers and contractors do since the medical staff is contracted.

The facility has demonstrated full compliance with this standard.

§115.41	Screening for risk of victimization and abusiveness.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance

115.41 (a), 115.41 (b) and 115.41 (c)

PCC policy F-700 covers initial intake screening and screening transfer inmates. This screening takes place immediately at intake, well within the 72 hours required by standards. The facility uses an objective screening tool that was provided and reviewed during the audit. Documentation, staff and inmate interviews also support this standard.

115.41 (d) and 115.41 (e)

The intake screening tool includes all criteria called for in standards to include:

- Whether the inmate/detainee has a mental, physical or developmental disability.
- The age of the inmate/detainee.
- The physical build of the inmate/detainee.
- Whether the inmate/detainee has previously been incarcerated.
- Whether the inmate/detainee's criminal history is exclusively nonviolent.
- Whether the inmate/detainee has prior conviction(s) for sex offenses against an adult or child.
- Whether the inmate/detainee is or is perceived to be gay lesbian, bisexual transgender, intersex or gender nonconforming.
- Whether the inmate/detainee has previously experienced sexual victimization.
- The inmate/detainee's own perception of vulnerability.
- Whether the inmate/detainee is detained solely for civil immigration purposes.

115.41 (g)

Policy F-700 and staff interviews do support that inmates will be reassessed when warranted due to a referral, request, incident or sexual abuse or receipt of additional information. No incidents have occurred allowing the review of documentation.

115.41 (h)

According to policy F-700 inmates may not be disciplined for refusing to answer or not disclosing complete information in regard to this standard and the screening tool.

Non-Compliance Issues:

115.41 (f)

Policy F-700 states that an inmate will be reassessed when warranted due to additional information being received. Policy and interviews do not show that a set time period not to exceed 30 days exists. There needs to be a set time period in policy and staff need to be educated on it and follow this set time period.

115.41 (i)

Policy states that this information is considered confidential, sensitive and will remain with the booking jacket in the inmate's file. Staff and policy are not clear on any appropriate controls of this information. The booking jacket/inmate file is available to all staff. Policy needs to list some types of steps to this control process. For example: once complete screenings become the sole property of the Jail administrator and are secured in a location not accessible to all staff.

Corrective Action Period:

115.41 (f)

Policy F-700 (D) was developed and practice adopted to reassess risk of victimization or abusiveness based on additional information or receiving relevant information.

115.41 (i)

Policy F-700 section A-13 was developed calling for the protection of sensitive information gained from the screening tool; specifically the results of the screening will be forwarded to the Jail Administrator where they will then be secured.

After a corrective action period this agency has demonstrated full compliance with this standard.

§115.42	Use of screening information.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.42 (a)

Phelps County Corrections (PCC) policy F-700 (C-1) states that the information from risk screening tool as required by PREA will be used to make appropriate choices for housing, work, education and program assignments with the goal of keeping separate those inmate/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive.

Policy, interviews and documentation support this standard.

115.42 (b)

According to policy the Assistant Program Supervisor will make individualized determinations about how to ensure the safety of each inmate/detainee. The agency's screening tool also allows overrides to the points system.

115.42 (c)

PCC Policy F-700 (C-3) states that the booking officer will consider each transgender or intersex inmate on a case by case basis to ensure the health and safety of the inmate/detainee and whether the placement would present management or security problems.

115.42 (d)

Policy and interviews support standards whereas placement and programming assignments for each transgender or intersex inmate/detainee will be reassessed at least every forty-five (45) days to review any threats to safety experienced by the inmate/detainee.

115.42 (e)

Policy states that a transgender or intersex inmate/detainee’s own views with respect to his or her own safety shall be given serious consideration in placement and programming decisions. This standard is also supported by interviews with staff and PREA Compliance Manager. No transgender or intersex inmates were available for interviews at the time of this audit.

115.42 (f)

The facility design, classification and staffing allows transgender and intersex inmates the opportunity to shower separately from other inmates. Interviews with staff also support this standard

Non-Compliance Issues:

115.42 (g)

Interviews support standards however there is no policy or procedure to further support this standard. In the absence of any documentation the facility should develop policy to cover 115.42 (g).

Corrective Action Period:

Phelps County Corrections (PCC) developed policy F-700 (C-3) stating that the facility will not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated housing units solely on the basis of such identification or status unless such placement is in a dedicated unit established in connection with a consent decree, legal settlement or legal judgement for the purpose of protecting such inmates. This policy and PCC practice now reflect this standard.

After a corrective action period this agency has demonstrated full compliance with this standard.

§115.43	Protective custody.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Non-Compliance Issues:

115.43 (a) - 115.43 (e)

Policy does not address protective custody for involuntary segregation regarding inmates at high risk for sexual victimization. Staff interviews support the standards however there is no documentation examples only regular segregation documentation. In the absence of any documentation the facility should develop policy to cover all aspects of standard 115.43.

Corrective Action Period:

115.43 (a), 115.43 (b) & 115.43 (d)

Policy 700-D(1) has been developed stating that inmates at high risk of sexual victimization will not be placed in involuntary segregation housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If assessments can't be completed immediately the inmate may be held in involuntary segregated housing for less than 24 hours while staff completes the assessment.

Under this same policy inmates placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

- The opportunities that have been limited;
- The duration of the limitation; and
- The reasons for such limitations.

115.43 (c)

Policy F-700 (D-3) was developed supporting that inmates will only be assigned to involuntary segregated housing until an alternative means of separation from likely abusers can be arranged. The assignment may not ordinarily exceed a period of 30 days.

115.43 (e)

Policy F-700 (D) was developed to address reassessing an inmates risk every 30 days.

After a corrective action period this agency has demonstrated full compliance with this standard.

§115.51	Inmate reporting.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.51 (a)

PCC policy allows the inmates who are victims of or have knowledge of sexual misconduct immediately report the incident to a staff member or they may utilize the formal grievance procedure to report sexual misconduct in accordance with facility procedures. Staff will process such grievances as a high priority in accordance with established facility emergency procedures and immediately forward copies to the Administrator. Inmates may also use the facility’s free confidential telephone hotline to report sexual misconduct. Procedures for using the telephone hotline are addressed both verbally and in writing to inmates during facility orientation.

115.51 (b)

The facility has an MOU with an outside crisis center and their contact information is provided to the inmates during orientation and throughout the facility. Inmates are also provided with law enforcement contact information as well. ICE detainees have access to consulates and ICE officials.

115.51 (c)

Policy F-800 states that staff shall accept reports made verbally, in writing, anonymously and from a third party.

115.51 (d)

Staff may privately report the sexual abuse and sexual harassment of inmates personally to their supervisors. This is covered in staff training. During interviews staff seemed comfortable that they could do this if needed.

This standard was supported by policy as well as interviews with staff and inmates.

The facility has demonstrated full compliance with this standard.

§115.52	Exhaustion of administrative remedies.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.52 (a)

The facility is not exempt from this standard. Phelps County Corrections (PCC) does have administrative procedures to address inmate grievances regarding sexual abuse.

115.52 (b) and 115.52 (c)

Policy F-800 (B-2) addresses all aspect of this standard. Also addressed is that the grievance process is only one option provided to inmates to report incidents of sexual abuse or harassment. Policy also states that if an inmate does utilize the formal grievance procedure that it will not be submitted or referred to the staff member that is the subject of the complaint.

115.52 (d)

Policy F-800 covers grievance times lines and procedures according to standard. The facility had no grievances alleging sexual abuse that involved an extension.

115.52 (e)

Facility policy states that Inmates may confidentially disclose incidents of sexual misconduct, contact, abuse and harassment to any PCC staff member either verbally or in writing. Inmates may also use third parties to include fellow inmates, correctional staff, or outside individuals and advocates to assist in reporting. Declining the processing of any third party report will be documented.

115.52 (f)

Policy states that when an emergency grievance indicating an inmate is subject to a substantial risk of imminent sexual abuse is received it will be responded to within 48 hours and a final decision will be issued within five (5) days. Policy goes further in stating that if this occurs during non-business hours the Shift Supervisor will handle the complaint immediately.

115.52 (g)

Policy F-800 covers that when an inmate makes a grievance alleging sexual abuse the PCC can discipline that inmate only when they can determine the inmate filed the grievance in bad faith.

The facility has demonstrated full compliance with this standard.

§115.53	Inmate access to outside confidential support services.
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X 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 conclusion. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.53 (a)

The PCC provides inmates with required training, written information, contact addresses and hotline phone numbers during intake and prior to thirty (30) in the facility.

115.53 (b)

Inmates receive some training in the form of a video. This video provides information of the extent to which communication will be monitored and to the extent which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.53 (c)

PCC has a memorandum of understanding (MOU) with The Safe Center a crisis center and a mental health professional. The Jail administrator maintains copies of these MOU agreements and they were provided during the audit phase.

Interviews, supporting documentation and policy support this standard.

The facility exceeds requirement of standard.

§115.54	Third-party reporting.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.54 (a)

Phelps County Corrections (PCC) has developed methods for receiving third-party reports of sexual abuse and sexual harassment. These methods are provided to both the general public and inmates through posters and brochures in the living areas and the facility’s lobby. PCC also has information available to third-parties on their website.

The facility has demonstrated full compliance with this standard.

§115.61	Staff and agency reporting duties.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.61 (b)

PCC policy F-800 and F-1200 covers staff reporting to supervisors and keeping information regarding sexual abuse confidential. This was also supported by interviews with staff.

115.61 (c)

All employees, contractors and volunteers per policy F-800 are required to report incidents of sexual abuse and sexual assault. Medical and mental health staff is covered under contract staff.

115.61 (e)

According to policy F-800 and F-1000 as well as interviews PCC will report all allegations of sexual abuse and harassment to investigators for investigation. If it an allegation between inmates the Phelps County Sheriff's Office will investigate. If the allegation involves staff then the Nebraska State Patrol will be tasked with the investigation.

Non-Compliance Issues:

115.61 (a)

Policy F-800 addresses most of what is required by standards. Policy does state that staff will not retaliate but it does not address that staff will report knowledge of such retaliation. Policy should state that PCC staff are required to report immediately and according to agency policy any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment that occurred in the facility.

115.61 (d)

If the alleged victim is under the age of 18 or considered a vulnerable adult under state or local vulnerable state persons state statues, the agency shall report the allegation to the designated State or local services agency under applicable state mandatory report laws. This is not addressed in policy or could not be located.

Corrective Action Period:

115.61 (a)

Phelps County Corrections (PCC) as a corrective action developed policy F-800 (D) stating that staff will report knowledge of retaliation. Policy also states that PCC staff are required to report immediately and according to agency policy any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment that occurred in the facility.

115.61 (d)

Policy F-800 (E-7) was developed addressing that if the alleged victim is under the age of 18 or considered a vulnerable adult under state or local vulnerable persons statues, the Jail Administrator shall report the allegation to the designated state or local services agency under applicable state mandatory report laws.

After a corrective action period this agency has demonstrated full compliance with this standard.

§115.62	Agency protection duties.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.62 (a)

Policy F-900 addresses that when an inmate is subject to a substantial risk of imminent sexual abuse PCC shall take immediate action to protect that inmate.

The facility has demonstrated full compliance with this standard.

§115.63	Reporting to other confinement facilities.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.63 (a), (b) and (c)

Policy supports that upon learning of an allegation that an inmate was sexually abused or witnessed a sexual abuse while confined at another facility the Administrator will notify the head of the other facility where the alleged abuse occurred. This notification will be provided as soon as possible, but no later than seventy-two (72) hours after receiving the information. These allegations and notifications will be documented and the Jail Administrator will maintain the reports.

115.63 (d)

The facility will follow procedures set forth in policy F-500 addressing responding to alleged sexual assault by ensuring the allegation is investigated.

The facility has demonstrated full compliance with this standard.

§115.64	Staff first responder duties.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.64 (a)

Policy F-500 covers requirements of standard in detail including the immediate actions taken. Items that involve evidence or evidence collection are covered in section F-900 of PCC policy.

Non-Compliance Issues:

115.64 (b)

F-900 states that contractors or volunteer first responders will take no action that could destroy evidence. Interview responses were mixed in regard to first responder duties. The policy and practice needs to better reflect standards by requiring contractors and volunteers to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

Corrective Action Period:

Policy F-900 (E) has been revised to reflect standard and practice. Policy now states contract or volunteer first responders will request that alleged victims not take action that could destroy physical evidence and then notify jail staff.

After a corrective action period this agency has demonstrated full compliance with this standard.

§115.65	Coordinated response.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.65 (a)

Policy F-500 Responding to Alleged Sexual Assault , incident flow chart, documentation and general staff interviews support this standard. Staff at the highest level needs to be more knowledgeable of the coordinate response actions.

The facility has demonstrated full compliance with this standard.

§115.66	Preservation of ability to protect inmates from contact with abusers.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Non-Compliance Issues:

115.66 (a)

Policy F-900 needs to be clarified to address that neither the agency nor any government entity will renew or enter into any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Policy is not clear that the PPC will not enter into any of these agreements. There need to be some type of documentation showing this whether it be agency or county policy.

Corrective Action Period:

Phelps County Corrections (PCC) revised policy F-900 (G 1.) which states that PCC or any other government entity responsible for collective bargaining on PCC behalf will not enter into or renew any collective bargaining agreement or other agreement that limits PCC ability to remove alleged staff sexual abusers. A copy of the County Manual was also provided to further support this standard.

After a corrective action period this agency has demonstrated full compliance with this standard.

§115.67	Agency protection against retaliation.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.67 (a)

PCC has established policies to protect inmates and staff that report incidents or assist/coordinate in the investigation of incidents of sexual abuse or harassment. The agency has designated the jail Administrator to monitor retaliation.

115.67 (e)

Phelps County Corrections (PCC)per policy F-200 and interviews protects all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

Non-Compliance Issues:

115.67 (b), 115.67 (c) and 115.67 (d)

Interviews support this standard however no policy or other type of documentation was provided that supports the requirements of this standard subsections.

Corrective Action Period:

115.67 (b)

Phelps County Corrections (PCC) has revised policy F-900 (H) to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. This policy also illustrates multiple protection measures.

115.67 (c) & 115.67 (d)

The Phelps County Corrections Jail Administrator will monitor involved parties for at least ninety (90) days for retaliation. Policy F-900 (I) explains items that should be monitored that demonstrate possible retaliation. This monitoring per policy will continue past ninety (90) days if the initial monitoring indicates a continuing need. Such monitoring will also include periodic status checks by the Jail Administrator.

After a corrective action period this agency has demonstrated full compliance with this standard.

§115.68	Post-allegation protective custody.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.68 (a)

According to policy and interviews involuntary placement in segregated housing (protective custody) is prohibited unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. A review will be made every 30 days to determine whether there is a continuing need for separation from the general population.

The facility has demonstrated full compliance with this standard.

§115.71	Criminal and administrative agency investigations.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.71 (a) and 115.71 (b)

The PCC is not responsible for conducting any form of criminal or administrative sexual abuse investigations. Referrals will be made to trained investigators with either to the Phelps County Sheriff’s Office or the Nebraska State Patrol. Policy F-1000, documentation and interviews support this standard.

115.71 (c)

Policy F-1000 covers investigative measures. As stated above investigations of this type will be referred to investigators either with the Phelps County Sheriff’s Office or the Nebraska State Patrol.

115.71 (d) and 115.71 (e)

Law enforcement agencies will consult with prosecutors in regard to evidence, compelled interviews and the credibility of witnesses. This will not be handles by PCC.

115.71 (f)

An administrative investigation will be completed to determine if staff actions or failures to act contributed to the abuse. This is supported by policy F-1000 (C-2).

115.71(g)

Criminal investigations according to policy F-1000 (D) will be documented in a written report that contains a thorough description of physical, testimonial, documentary evidence and copies will be attached to all documentary evidence where feasible.

Investigation documentation provided by the investigating agency was reviewed to further support this standard.

115.71 (h) and 115.71 (i)

PCC policy states that all substantiated allegations of conduct that appear to be criminal will be referred to the Phelps County Attorney for prosecution by the investigative agency. The Jail Administrator will retain all written reports as long as the alleged abuser is incarcerated or employed by the facility, plus five (5) years.

115.71 (j)

According to PCC policy F-1000 (I) the departure of the alleged abuser or victim from employment or control of the facility shall not provide a basis for terminating the investigation. Investigation documentation provided supports this.

115.71 (l)

Policy calls for the facility and staff to cooperate with outside investigators. This is supported by interviews, documentation and policy.

The facility has demonstrated full compliance with this standard.

§115.72	Evidentiary standards for administrative investigations.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.72 (a)

PCC policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. In most cases this will be determined by the outside investigating agency and the prosecutor.

The facility has demonstrated full compliance with this standard.

§115.73	Reporting to inmates.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.73 (a) and 115.73 (b)

Following an investigation into an inmate’s allegation that he/she suffered sexual abuse in the facility, the agency shall inform the inmate as to whether the allegation has been substantiated, unsubstantiated or unfounded. Notification was reviewed however any incident at this facility was not alleged by the victim. The victims had discharged the facility prior to the investigations. This information was received by the investigating agency.

115.73 (c)

According to PCC policy F-1000 (H-3) following the inmate’s allegation that a staff member has committed sexual abuse against the inmate, the administration shall subsequently inform the inmate whenever (unless the allegation is unfounded):

- The staff member will no longer be posted in corrections.
- The staff member is no longer employed at the facility.
- The staff member has been indicted on a charge related to sexual abuse within the facility.
- The staff member has been convicted on a charge related to sexual abuse within the facility.

No inmate victims of sexual abuse or sexual harassment were available for interview.

115.73(d) and 115.73 (e)

Per PCC policy following an inmate’s allegation that he or she has been sexually abused by another inmate, the facility shall subsequently inform the alleged victim whenever:

- The alleged abuser has been indicted on a charge related to sexual abuse within the facility.
- The alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- The facility’s obligation to report to the victim is terminated if the inmate is released from the facility.

Any such notifications or attempted notifications will be documented.

The facility has demonstrated full compliance with this standard.

§115.76	Disciplinary sanctions for staff.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.76 (a), (b), (c) and (d)

According to policy F-1100 if after an investigation into an alleged sexual abuse and sexual harassment a staff member is found to be guilty of the allegation(s), the matter will be reviewed for appropriate disciplinary sanctions up to termination as mandated by the Phelps County Personal Manual.

Terminations shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Staff in the documented case from PCC resigned prior to the investigation, however the investigation continued.

Disciplinary sanctions for violations of the facility’s policies relating to sexual abuse or sexual harassment (other than actual engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignations, shall be reported to the Phelps County Sheriff’s Department (PCSO), unless the activity was clearly not criminal, and to any relevant licensing bodies.

Policy, documentation, interviews and investigation records support this standard.

The facility has demonstrated full compliance with this standard.

§115.77	Corrective action for contractors and volunteers.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.77 (a) and 115.77 (b)

Policy F-1100 and staff interviews support that any contractor who engages in sexual abuse shall be prohibited from contact with detainees and shall be reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The facility will also take appropriate remedial measures and will consider whether to prohibit further contact with detainees, in the case of any other violation of the facility’s sexual abuse or sexual harassment policies by a contractor. The Jail Administrator will discuss the contractor’s actions and decide what actions should be taken with the contractor.

The Jail Administrator will contact the contractor’s employer to notify their company of the situation and the facility’s decision on whether the contractor will be allowed contact with detainees.

The facility has demonstrated full compliance with this standard.

§115.78	Disciplinary sanctions for inmates.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.78 (a)

According to policy F-1100 inmates shall be subject to the disciplinary sanction process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for detainee-on-detainee sexual abuse. There have been no such allegations in the past 12 months for document review.

115.78 (b) and 115.78 (c)

Facility sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history and the sanctions imposed for comparable offenses by other detainees with similar history.

This disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

115.78 (d)

Policy states that the facility may offer counseling to address or correct the underlying reasons or motivations for abuse.

115.78 (e)

Policy also states that the facility may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. This standard is supported by policy and there have been no occurrences of this type for record or document review.

115.78 (f)

Phelps County Corrections prohibits disciplinary action for a report of sexual abuse made in good faith. Policy F-1100 (D-6) states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g)

Phelps County Corrections (PCC) prohibits all sexual activity between inmates and will discipline inmates for such activity. PCC will not deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The facility has demonstrated full compliance with this standard.

§115.81	Medical and mental health screenings; history of sexual abuse.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.81 (a) and 115.81 (c)

All inmates at this facility who have disclosed any prior sexual victimization during screening pursuant to standard 115.41 are offered follow up meetings with a medical or mental health practitioner. This is supported by policy F-1200 which states during the initial Medical and Mental Health Screening an indication that the inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, classification or medical staff shall ensure the inmate is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening. The medical department maintains their own separate files that would contain this information; however this type of incident has not occurred at this facility. Phelps County Corrections does maintain an MOU with a mental health professional.

115.81 (b)

Phelps County Corrections has policy in place stating that if during the initial Medical and Mental Health Screening the inmate indicates he/she has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, classification or medical staff shall ensure the inmate is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening. This policy is not required for jails.

115.81 (d)

Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental practitioners. Phelps County Corrections supports this standard with policy F-1200 (A-3) stating Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, Administrator and other staff as necessary, to inform treatment plans, security and management decisions including: housing work, education and program assignments, or as otherwise required by Federal and State law. Compliance was also supported by staff interviews.

115.81 (e)

Policy F-1200 (A-4) states medical and mental health practitioners shall obtain informed consent from inmate before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen (18). This standard was also supported by interviews with medical and mental health staff.

The facility has demonstrated full compliance with this standard.

§115.82	Access to emergency medical and mental health services.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.82 (a)

Phelps Count Corrections (PCC) contracts in-house medical services. These services will be utilized in emergency situations until the inmate can be transferred. Inmates are transferred for medical care to either Phelps County Memorial Health Center (local) or Good Samaritan Hospital located in Kearney Nebraska. Determining which facility to utilize will be based on medical staff’s professional judgement. Policy F-1200 and interviews support this standard.

115.82 (b)

If no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, according to policy F-1200 staff first responders will provide protective custody for the victim and will immediately notify the Health Care Provider. This is further supported by interviews as well as documentation such as response/containment checklists and PREA protocol documentation. The facility has an active MOU with a mental health professional.

115.82 (c) and 115.82 (d)

According to agency policy inmate victims of sexual abuse while housed at PCC will be offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical treatments to the victim of this type will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation of such incident.

Medical service providers maintain separate medical files containing services provided, standing orders and time frames of treatment. These in addition to interviews support this standard.

The facility has demonstrated full compliance with this standard.

§115.83	Ongoing medical and mental health care for sexual abuse victims and abusers.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.83 (a), (b) and (c)

Phelps County Corrections (PCC) offers medical and mental health evaluations and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. These services will be consistent with the community level of care. This is supported by policy F-1200 as well as contracts with both medical and mental health service providers.

115.83 (d) and 115.83 (e)

Phelps County Corrections (PCC) policy states that inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from their victimization, the inmate shall receive timely and comprehensive information about access to all lawful pregnancy-related medical services. There have been no reported incidents of this type at this facility. Medical interviews further support compliance.

115.83 (f) and 115.83 (g)

According to policy victims shall be offered tests for sexually transmitted infections as medically appropriate at no cost to the victim. Further treatment services will also be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

The facility has demonstrated full compliance with this standard.

§115.86	Sexual abuse incident reviews.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.86 (a), (b) and (c)

Phelps County Corrections (PCC) conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The review team will consist of at least three members which may include the Administrator, either or both shift sergeants, and the Phelps County Sheriff’s Office Chief Deputy.

The incident review will be completed within thirty (30) days of the conclusion of the investigation. The review team will seek input from staff, supervisors, investigators and medical or mental health practitioners.

115.86 (d)

According to policy the review team will:

- Consider whether the allegation or investigation indicates a need to change policy to prevent, detect or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race, ethnicity or gender identity: lesbian, gay bisexual transgender or intersex identification, status or perceived status or gang affiliation. Or was the incident motivated or otherwise caused by other group dynamics in the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- Will prepare a report of the findings, including but not necessarily limited to determination made pursuant to the items above and any recommendations for improvement and will submit the report to the Administration and Sheriff.

115.86(e)

Policy F-1300 states that the review team shall implement the recommendations for improvement, or shall document it reasons for not doing so.

Policy F-1300, interviews and recommended improvements support this standard.

The facility has demonstrated full compliance with this standard.

§115.87	Data collection.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.87 (a) and 115.87 (c)

Phelps County Corrections (PCC) collects accurate, uniform data for every allegation of sexual abuse. This is stated in policy F-1300. PCC utilizes data from their annual immigration report and allegations of sexual abuse form.

115.87 (b) and 115.87 (d)

PCC aggregates this data annually by using federal Immigration Customs Enforcement reporting criteria for all inmates not just federal detainees. This data is collected from available sources such as reports, investigation files and sexual abuse incident reviews. Policy and reporting criteria support standard.

The facility has demonstrated full compliance with this standard.

§115.88	Data review for corrective action.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.88 (a), (b), (c) and (d)

According to policy F-1300 and staff interviews the Administrative review team shall review data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training including:

- Identifying problem areas.
- Taking correction action on an ongoing basis.
- Preparing an annual report of its findings and corrective action for the facility as a whole.

Such reports shall include a comparison of the current year’s data and corrective action with those from prior years and will provide an assessment of the agency progress in addressing sexual abuse.

This report will be approved by the Sheriff and will be made readily available to the public. The facility may choose to redact specific material from the report when publication would present a clear and specific threat to the safety and security of the facility, but must indicate the nature of the material redacted.

Policy and instituted changes support this standard.

The facility has demonstrated full compliance with this standard.

§115.89	Data storage, publication, and destruction
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.89 (a)

The agency ensures that incident-based and aggregate data are securely retained. This is supported by policy F-1300 D. All data collected will be securely retained in the administrators office in a locked file cabinet.

115.89(b), (c) and (d)

At the conclusion of the first year of data collection PCC will post data to the agency’s website. Policy states that all sexual abuse data under PCC control will be readily available at least annually. Before this aggregated sexual abuse data is made available to the public the agency will remove all personal identifiers. PCC will maintain this collected data for at least ten (10) years after the initial collection.

Policy and interviews support this standard.

The facility has demonstrated full compliance with this standard.

AUDITOR CERTIFICATION:

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

Chris W. Harrifield

Auditor Signature

October 9, 2016

Date

This constitutes an electronic signature and affirms that all the information provided on this form is complete and accurate to the best of my knowledge.