

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report March 16, 2020

Auditor Information

Name: Chris Harrifeld Email: Chris.Harrifeld@Nebraska.gov

Company Name: The Kiehl Consulting Group

Mailing Address: 3345 West Plum Street City, State, Zip: Lincoln, NE 68522

Telephone: 402-310-9876 Date of Facility Visit: January 27, 2020

Agency Information

Name of Agency Governing Authority or Parent Agency (If Applicable)

Douglas County Youth Center Douglas County Board

Physical Address: 1301 South 41st Street City, State, Zip: Omaha, NE 68105

Mailing Address: Same as above City, State, Zip: Same as above

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

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

Agency Chief Executive Officer

Name: Brad Alexander

Email: brad.alexander@douglascounty-ne.gov Telephone: 402-444-1924

Agency-Wide PREA Coordinator

Name: John Mack

Email: john.mack@douglascounty-ne.gov Telephone: 402-444-4144

PREA Coordinator Reports to: Number of Compliance Managers who report to the PREA Coordinator:
Rodney Woodard – Detention Manager 0

Facility Information

Name of Facility: Douglas County Youth Center

Physical Address: 1301 South 41st Street

City, State, Zip: Omaha, NE 68105

Mailing Address (if different from above):

Click or tap here to enter text.

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

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://youthcenter.douglascounty-ne.gov/>

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

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

ACA

NCCHC

CALEA

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

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
PREA Field Training Audit 2018

Facility Administrator/Superintendent/Director

Name: Brad Alexander

Email: brad.alexander@douglascounty-ne.gov

Telephone: 402-444-1924

Facility PREA Compliance Manager

Name: John Mack

Email: john.mack@douglascounty-ne.gov

Telephone: 402-444-4144

Facility Health Service Administrator N/A

Name: Pam Agee-Lowery

Email: pamela.agee-lowery@douglascounty-ne.gov

Telephone: 402-444-4360

Facility Characteristics	
Designated Facility Capacity:	144
Current Population of Facility:	75
Average daily population for the past 12 months:	81
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	13-18
Average length of stay or time under supervision	34 Days
Facility security levels/resident custody levels	Secure
Number of residents admitted to facility during the past 12 months	925
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	454
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	388
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	120
Number of staff hired by the facility during the past 12 months who may have contact with residents:	18

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	39
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	10
Number of single resident cells, rooms, or other enclosures:	108
Number of multiple occupancy cells, rooms, or other enclosures:	24
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input checked="" type="checkbox"/> Other (please name or describe: Project Harmony)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	7
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Pre-Audit activity for the Douglas County Youth Center (DCYC) began approximately six weeks prior to the on-site visit with the publication of audit date and Auditor contact information being posted throughout the facility. During this time frame local sexual assault, domestic violence and rape crisis centers were contacted concerning any contact that may have been had with the Douglas County Youth Center. Thirty (30) days prior to the on-site audit. Pre-audit activities consisted of reviewing the facility's Pre-Audit Questionnaire (PAQ) with provided documentation and working with the facility's PREA Coordinator to clarify provided data. The Douglas County Youth Center's (DCYC) PREA Audit was conducted January 27-31, 2020. During this time period the average resident population was 81. At the time of the on-site audit the facility's population was 75. There are currently 120 staff members employed by the DCYC who may have contact with residents. Actions taken during the on-site phase consisted of a facility tour, additional documentation / file review, video surveillance review, witnessing staff procedures including intake. Furthermore, this Auditor conducted resident, staff, contractor/volunteer, medical and mental health staff interviews.

This Auditor was present at the facility during different shifts and interviewed a sample of staff from those different shifts. This Auditor randomly selected residence both male and female to be interviewed from the facility's provided roster. Intake information was analyzed to identify targeted interviews.

It should be noted that DCYC participated in a Field Training Audit in February of 2018. Since that audit DCYC has made numerous recommended changes and improvements to their approach to PREA related issues. It is evident that DCYC benefitted greatly from the Field Training exercise. It is clear that in part due to the Field Training Audit DCYC was able to achieve full compliance during this audit. In addition, DCYC staff were able make changes to policy, procedure and facility practices that further helped to achieve compliance.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Douglas County Youth Center (DCYC) is located in Omaha Nebraska. The DCYC consists of one secure juvenile detention facility with 19 housing units and a designed capacity of 144 residents. The population is made up of both female and male residents with the average length of stay being approximately thirty-four (34) days.

The Douglas County Youth Center (DCYC) operates with oversight from the Douglas County Board. The facility's Safety and Security Coordinator serves as the PREA Coordinator. Since this agency operates one stand-alone facility the person responsible for PREA compliance operates as both the PREA Coordinator and PREA Manager. This person reports directly to the Facility's Superintendent.

The Douglas County Youth Center has an on-site medical service provider. The facility will utilize a local hospital for emergency medical care if needed. Mental Health services are provided on-site through Heartland Family Services. Any forensic medical exam services will be referred locally to Project Harmony a child advocacy service provider in Omaha Nebraska.

The DCYC also contains a full education department which employs approximately fourteen (14) certified teachers.

The Douglas County Youth Center maintains three (3) trained investigators for administrative investigations. Any incidents of sexual abuse or sexual harassment that are deemed criminal are referred to investigators with the Douglas County Sheriff's Office (DCSO). If allegations are made against staff the referral will also be made to the Douglas County Sheriff's Office (DCSO).

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded: 115.316, 115.333, 115.334,

Standards Met

Number of Standards Met: 40

Standards Not Met

Number of Standards Not Met: Click or tap here to enter text.

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.311 (a)

The Douglas County Youth Center (DCYC) operates under stand-alone PREA policy and procedures. Policy 14.2 - **Prevention and Detecting Sexual Abuse and Harassment**. This policy declares DCYC's zero tolerance towards all forms of sexual abuse and sexual harassment. This policy details the facility's approach to preventing, detecting and responding to sexual abuse and harassment. This standard was supported by existing policy and procedure. This policy and procedure is also located on the facility's website.

115.311 (b)

The Douglas County Youth Center (DCYC) has designated an existing staff member as the PREA Coordinator. This staff member is a member of upper-level facility management. During interviews the PREA Coordinator confirmed that that he does have sufficient time and authority to develop, implement and oversee DCYC efforts to comply with PREA Standards. This standard was supported by interviews with the PREA Coordinator and facility Superintendent, supporting documentation, existing policy and procedure.

115.311. (c)

The Douglas County Youth Center (DCYC) only operates one facility therefore standard 115.311 (c) does not apply.

Evidence Replied Upon:

Facility Policy and Procedure
Facility PREA Definitions
Provided PREA Questionnaire
DCYC Organizational Chart
PREA Coordinator job description
Agency Website
Interviews with DCYC Superintendent and PREA Coordinator

Corrective Action: No Corrective Action needed.

Standard 115.312: Contracting with other entities for the confinement of residents

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

115.312 (a)

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.312 (a)

The Douglas County Youth Center (DCYC) does not contract for the confinement of its residents with private or other entities to include government agencies. This standard is supported by interviews and the facility's Pre-Audit Questionnaire (PAQ).

115.312 (b)

The Douglas County Youth Center (DCYC) does not maintain any contracts pertaining to this standard. This standard is supported by interviews with DCYC Superintendent and PREA Coordinator in addition to the facility's Pre-Audit Questionnaire (PAQ).

Evidence Replied Upon:

Provided PREA Questionnaire

Interviews with DCYC Contract Administrator and PREA Coordinator

Review of existing contracts for relevance

Corrective Action: No Corrective Action needed.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift?
 Yes No

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

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.313 (a)

The Douglas County Youth Center (DCYC) does have a documented staffing plan. In calculating an adequate staffing plan DCYC has considered all elements required by PREA Standards. DCYC has had no findings of inadequacy with any judicial body, Federal investigation, internal or external oversight bodies. All physical plant considerations are taken into account including blind spots and video monitoring placement Further consideration is given for any incidents that may have occurred and the location of such incident in the facility. The standard is supported by existing policy, staffing analysis, current and past staffing plans. This standard was also supported by staff interviews with the facility's Superintendent and PREA Coordinator.

115.313 (b)

The Douglas County Youth Center (DCYC) complies with the staffing plan. DCYC policy 14.3 - **Supervision and Monitoring** states that the facility will comply with the staffing plan except during limited and exigent circumstances, however the facility has not operated under the number of staff identified in the staffing plan. DCYC makes this possible by holding staff over or calling staff in, in order to reach minimum staffing. This standard was supported by staff interviews and policy 14.3.

115.313 (c)

DCYC maintains staffing levels of a 1:8 ratio during waking hours and 1:16 during sleeping hours. Policy 14.3 states that deviation from these ratios will be limited and under exigent circumstances. This is included in policy however DCYC does not operate under these minimum staffing ratios. Through the use of overtime and call ins they have managed to not run under the minimum staffing ration. It should be noted that only secure staff members are included in these ratios. DCYC is not obligated by law, regulation or judicial consent to maintain this staffing ratio. These staffing ratios were established utilizing numerous resources. This standard is supported by policy, staff/resident roster reviews, housing unit observations and interviews conducted with the PREA Coordinator.

115.313 (d)

The Douglas County Youth Center (DCYC) annually and within the last 12 months has assessed, determined and documented whether adjustments are needed to the facility's staffing plan. The review is done in consultation with the PREA Coordinator. These reviews are done every March. The current year as well as past years of staffing review documentation was provided to this Auditor. This standard is supported by interviews, policy 14.3 and documentation.

115.313 (e)

DCYC has implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Per policy 14.3 Shift Supervisors are responsible for doing these types of rounds. These rounds are conducted on all shift, day and night. Supervisors are required to document these rounds on the supervisor log. These logs were examined in conjunction with date and time stamped video monitoring recordings with corresponding rounds. Policy 14.3 also prohibits staff from alerting other staff that these rounds are being conducted. Interviews with shift supervisors, documentation and video surveillance footage support this standard.

It should be noted that during the facility’s Training Audit in 2018 there were inadequacies noted. DCYC utilized that Training Audit to correct these inadequacies.

Evidence Replied Upon:

- DCYC Policy 14.3
- DCYC Annual Staffing Meeting Minutes for 2018 and 2019
- Staffing Analysis
- Supervisor logs
- Provided PREA Questionnaire
- Review of video surveillance footage
- Observation of staff to resident ratio
- Interviews with DCYC Superintendent, PREA Coordinator, Shift Supervisors and Random Staff

Corrective Action: No Corrective Action needed.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.315 (a)

The Douglas County Youth Center (DCYC) has demonstrated that it always refrains from conducting cross gender searches of any kind. Cross gender strip searches and body cavity searches conducted by DCYC staff is prohibited. If necessary, such as in exigent circumstances, these searches will be conducted by an off-site qualified medical practitioner.

115.315 (b)

According to policy 14.4 - ***Transgender Viewing and Searches***, Cross gender pat down searches are prohibited. Again if necessary, such as exigent circumstances, trained staff will conduct these searches, in a professional and respectful manner while maintaining facility safety and security. This type of search will be documented on a DCYC investigation form and must have been approved by the duty supervisor.

115.315 (c)

DCYC does maintain a log and requires documentation for both cross gender strip and body cavity searches as well as cross gender pat searches. There have been no incidents of either during the last 12 months. This was supported by log reviews as well as staff interviews.

115.315 (d)

Policy 14.4 states that resident/juveniles shall be allowed to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine safety checks. This policy is also supported by facility design including single showers.

Staff are required to announce their presence before entering into a living unit of the opposite gender. This is accomplished by utilizing a doorbell or chime mechanism. Staff are required to push the button that activates the bell before entering. This doorbell is only used for one purpose and that is to announce opposite gender entering the living unit. This standard is supported by policy, interviews with random staff, random residents and this Auditors observations.

115.315 (e)

According to DCYC policy 14.4 it is strictly prohibited for staff to strip search or physically examine a transgender or intersex resident/juvenile for the sole purpose of determining genital status. The Operations Manager, the PREA Coordinator and the resident/juvenile should be consulted before making the decision on what gender a staff member needs to be in order to perform a strip search. Medical and mental health may be consulted when necessary.

Policy 14.4 also states that medical records and conversations with the resident/juveniles can also aid in determining the sex of a resident/juvenile. If necessary, a broader medical examination can be conducted in private by a qualified medical practitioner to aid in determining a resident/juvenile’s gender. This standard is supported by policy and staff interviews.

115.315 (f)

All staff have been trained on how to conduct cross-gender pat down searches in a professional and respectful manner in the least intrusive manner possible, consistent with security needs. DCYC has also trained staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, in the least intrusive manner possible, consistent with security needs. DCYC utilizes the curriculum and guidance materials from the PREA Research Center and the Bureau of Justice Assistance (BJA). This standard is supported with training documentation, training curriculum and random staff interviews.

DCYC reported that no searches of this type have been conducted within the last 12 months preceding this audit. As a result, there were no completed search logs to review.

It should be noted that during the facility’s Training Audit in 2018 there were inadequacies noted. DCYC utilized that Training Audit to correct these inadequacies.

Evidence Replied Upon:

DCYC Policy 14.4

DCYC Policy 3.12

DCYC Policy 3.13

Provided PREA Questionnaire

Staff and facility observation

Search logs

Training logs

Training curriculum

Interviews with DCYC PREA Coordinator, Random Staff and random residents

Corrective Action: No Corrective Action needed

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

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

115.316 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

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

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.316 (a)

The Douglas County Youth Center (DCYC) has developed policy 14.5 - ***Disabilities and Limited English Proficient with PREA***. The policy directly addresses PREA Standard 115.316. According to policy DCYC will ensure that resident with physical and/or mental disabilities are instructed on the facility's efforts to prevent, detect and respond to sexual abuse and harassment. Staff will assist in meeting this requirement by reading the facility's PREA policy to visually impaired resident. In addition, the PREA training video will be shown on the first Friday of each month which includes subtitles, so the hearing impaired can understand.

The facility provides a written PREA brochure and resident handbook during intake that is available in multiple languages. The facility also employs some staff members that are certified interpreters. In addition to certified staff interpreters DCYC also utilizes a Telephonic Interpreting service for which supporting documentation was supplied. The facility also maintains an MOU with special education teachers to instruct resident/juveniles with PREA needs who have learning disabilities.

At the time of this Auditor's on-site visit there were no residents fitting these criteria for interview.

115.316 (b)

According to policy 14.5 DCYC will ensure that resident who are limited English proficient are instructed on the facility's efforts to prevent, detect, and respond to sexual abuse and harassment. The DCYC will meet this requirement by providing translated copies of the DCYC's orientation manual which addresses the PREA policy. When available, bi-lingual staff can also be provided to assist resident.

Douglas County Youth Center (DCYC) does provide access to the agency's PREA efforts by providing written materials in multiple languages that includes PREA brochures and resident handbooks. These documents were provided prior to the audit and also reviewed while on-site. DCYC also employs staff that are certified interpreters this was confirmed with documentation and staff interviews. DCYC furthers this effort by utilizing Telephonic Interpreting Services to address a wider range of language needs. The use of Telephonic Interpreting Services was supported by provide documentation.

115.316 (c)

Policy 14.5 states that DCYC will not rely on resident interpreters, resident readers, or other types of resident assistance for PREA related issues. This standard was not only supported by policy but also by random staff and random resident interviews.

Evidence Replied Upon:

- DCYC Policy 14.5
- Provided PREA Questionnaire
- List of Certified Staff Interpreters
- MOU Special Education Teacher
- PREA Brochure
- PREA Brochure – Spanish
- Telephonic Interpreting Documentation
- PREA Handbook - Spanish
- Interviews with DCYC Superintendent, PREA Coordinator, Random Staff and residents

Corrective Action: No Corrective Action needed.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

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

115.317 (g)

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

115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.317 (a)

The Douglas County Youth Center (DCYC) has developed policy 14.6 – **Hiring and Promotional Decisions**. This policy prohibits the agency from hiring, promoting or entering into contracts with individuals who have engaged, attempted to engage or have been civilly or administratively adjudicated to have engaged in sexual abuse or any type of sexual activity with juveniles. Provided DCYC employment applications support this standard by outlining these provision in the application itself. Interviews with representatives from human resources (HR) and employee file reviews further supported this standard.

115.317 (b)

According to policy 14.6 DCYC considers any incidents of sexual harassment in determining whether to hire, promote or enlist in a contract services with anyone. Interviews confirm that such incidents including sexual harassment are considered for both staff and contractors.

115.317 (c)

Policy 14.6 requires DCYC to conduct criminal background and child abuse registry checks before hiring any new employees. Numerous staff files were reviewed and verified that these checks do in fact occur. This is further supported by the Douglas County Civil Service Commission Personnel Policy which was provided. Background checks are provided through the Douglas County Sheriff's Office and the FBI.

In addition, the facility contacts all prior institutional employers for information on substantiated allegations or sexual abuse or any resignations during ongoing investigations of an allegation of sexual abuse. A review of employee files found documentation that letters of his type were mailed to prior employers.

115.317 (d)

DCYC policy 14.6 also requires the facility to conduct criminal background checks and child abuse registry checks on all contractors that will have contact with residents. A random sample of contractor and volunteer records were reviewed showing background checks and finger print card submission. Additionally, contractor and volunteer checks are conducted through the Source One company. DCYC has made improvements to this process and record keeping since their Field Training Audit in 2018.

115.317 (e)

Douglas County Youth Center (DCYC) policy and practice is to conduct criminal background checks every five (5) years on their staff, contractors and volunteers who will have contact with residents. During interviews with the human resources representative (HR) it was confirmed that these checks are done every five (5) years regardless of employment, volunteer or contractor anniversaries. In many instances some staff will have their background checks done multiple times in a five (5) year span. This was also verified through record review.

115.317 (f)

DCYC policy 14.6 imposes upon employees a continuing affirmative duty to disclose any such misconduct by filling out the DCYC Disclosure of PREA Employment Standards Violation Form annually. This form was supplied and employee files reviewed to support this standard.

115.317 (g)

Policy 14.6 in addition states that any material omission regarding such misconduct or the provision of materially false information shall be grounds for termination. Interviews with HR supported this policy. HR also confirmed that there have not been any terminations for this reason in recent history.

115.317 (h)

This standard is not applicable to the Douglas County Youth Center (DCYC) since release of this information is prohibited. This information may be supplied by DCYC however; it requires a subpoena for third parties to obtain this type of information. This was supported by the Douglas County Civil Service Commission Personnel Policy.

DCYC implemented changes needed to this standard shortly after the Field Training Audit in 2018.

Evidence Replied Upon:

- DCYC Policy 14.6
- Provided PREA Questionnaire
- Applications for Employments
- Applicant Letters to Previous Employers
- Douglas County Civil Service Commission Personnel Policy
- Disclosure of PREA Employment Standards Violation Form
- Volunteer and Contractor Checks
- Employee Background Checks
- Five (5) year Background Checks
- Interviews with DCYC Superintendent, PREA Coordinator and Human Resources

Corrective Action: No Corrective Action needed.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.318 (a)

DCYC has not acquired a new facility or made substantial expansions or modifications to the existing facility therefore this policy is not applicable.

115.318 (b)

The Douglas County Youth Center (DCYC) policy 14.7 – **Upgrades to Facilities and Technology** addresses standard 115.318 (b). DCYC has upgraded their video surveillance system since August 20, 2012. Upgrades to their system were made in August of 2017. The cameras and their placement were observed by this Auditor. The invoice for the services and equipment were also supplied.

Evidence Replied Upon:

DCYC Policy 14.7
Interviews with DCYC Superintendent and PREA Coordinator
Camera Observation
Video Review
Video System Invoice

Corrective Action: No Corrective Action needed.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

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

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.321 (a), 115.321 (b)

The Douglas County Youth Center (DCYC) policy 14.8 – ***Evidence Protocol and Forensic Medical Examinations*** addresses PREA Standard 115.321. DCYC has also developed a uniform evidence protocol based on U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents. This protocol is developmentally appropriate for youth.

Investigators at the DCYC will perform administrative investigations and will refer all criminal investigations to the Douglas County Sheriff's Office (DCSO). At this point both the DCSO investigation and evidence protocols will be assumed. These protocols were provided to and reviewed by this Auditor as well as an MOU with DCSO. DCSO has developed criminal investigative procedures specifically for juveniles.

115.321 (c), 115.321 (d)

DCYC policy 14.8 states that DCSO will coordinate transportation of the victim for medical care as needed and a forensic examination will be performed by SAFE or SANE certified medical staff per the DCSO evidence protocols at no charge to the victim. Under state law DCYC has identified Project Harmony as the designated agency to provide appropriate services for any juvenile victim of sexual abuse. Project Harmony's SAFE and/or SANE certified staff if needed will perform forensic medical examinations. Project Harmony's services also extend to victim advocacy and Licensed Mental Health practitioners on-site. DCYC's PREA Coordinator confirmed that there have been no reported incidents or referrals to Project Harmony within the last 12 months. Project Harmony's responsibilities as well as qualifications were outlined in a letter from their Director of Response Services. This standard was also supported by State Statutes 28-728 and 28-729.

115.321 (e)

Per DCYC policy 14.8 the DCSO will assume jurisdiction of the resident victim and shall make available a victim advocate to support the victim through the examination and investigation process and provide additional support. Advocacy services were also supported by Project Harmony's Director of Response Services to include support and other assistance. This standard is further supported by interviews with DCYC PREA Coordinator.

115.321 (f)

DCYC investigators only perform administrative investigations. When allegations appear to be criminal the investigation is referred to the DCSO. This is supported by DCYC policy 14.8, which outlines the specific responsibilities of the DCSO. Further support is demonstrated in an existing MOU with DCSO requesting that investigators follow the requirements of PREA Standards.

115.321 (g), 115.321 (h)

These standards are not applicable.

Evidence Replied Upon:

- DCYC Policy 14.8
- Provided PREA Questionnaire
- DCSO Outside Agency Evidence Handling Procedures
- DCSO Criminal Investigative Procedures
- DCSO Evidence Collection & Preservation Procedures
- MOU with Douglas County Sheriff's Office (DCSO)
- Heartland Family Services Contract
- Project Harmony – Director of Response Services Letter
- DCYC / DOJ Protocol for Sexual Assault
- Nebraska State Statute 28-728
- Interviews with DCYC Superintendent and PREA Coordinator

Corrective Action: No Corrective Action needed.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.322 (a), 115.322 (b), 115.322 (c)

The Douglas County Youth Center (DCYC) policy 14.9 - ***Referrals of Allegations for Investigations*** addresses that for all criminal investigations the Douglas County Sheriff's Office (DCSO) will be "called immediately". Policy also calls for administrative investigations to be done promptly, thoroughly and objectively. This was further supported by interviews with the Superintendent, PREA Coordinator and DCYC investigators. This Auditor was also supplied with an MOU between DCYC and DCSO. DCSO investigative procedures were also reviewed, supporting this standard.

The facility provided for review administrative PREA investigations demonstrating the actions taken by staff investigators as well as the review teams actions. These documents also demonstrate any referrals for investigation by DCSO.

After examining the facility's website, it was determined that the site does publish such policy. Policy describes DCYC and law enforcement's responsibilities under PREA, which further supports standard.

115.322 (d), 115.322 (e)

These provisions are not required to be audited.

Evidence Replied Upon:

DCYC Policy 14.9

Provided PREA Questionnaire

DCSO Investigative Procedures

PREA Incident Documentation Chain

DCYC Website

Interview with DCYC Investigators

Interview with Incident Review Team members

Interviews with DCYC Superintendent and PREA Coordinator

Corrective Action: No Corrective Action needed.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

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

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?
 Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.331 (a)

Douglas County Youth Center (DCYC) policy 14.10 – **Employee Training** requires that all employees, contractors and volunteers receive PREA training and education. After reviewing the provided DCYC training curriculum it was determined by this Auditor that staff were trained in all elements required by this standard.

Through interviews it was further determined that staff do in fact receive this training. Through interviews staff were able to identify all aspects of the required training topics called for by this standard some with a better degree of understanding than others however, it was apparent they have all receive required training.

115.331 (b)

Upon curriculum review it was determined that DCYC does consider the unique needs and attributes of the youth in this facility when tailoring their training program. This training applies to both genders of residents. DCYC only operates this facility therefore reassignment of staff does not apply.

115.331 (c)

All current employees who may have contact with residents receive training. DCYC has an in-house training program which helps ensures all staff who have contact with residents receive training. Refresher training is provided annually exceeding the standard calling for refresher training every two (2) years. This also eliminates the need for refresher training on years when employees do not receive training.

115.331 (d)

Staff training records were reviewed showing evidence that both initial and annual training occurs. These training records also contained signed staff training record forms that indicate staff understand the training as well as completed PREA testing.

Evidence Replied Upon:

- DCYC Policy 14.10
- Provided PREA Questionnaire
- Employee Training Files
- PREA Staff Training Sign Off Sheets
- Completed Staff PREA Tests
- PREA Training Curriculum for Staff
- Interviews with DCYC PREA Coordinator and Random Staff

Corrective Action: No Corrective Action needed.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.332 (a), 115.332 (b)

DCYC Policy 14.11 - **Volunteer and Contractor Training** outlines procedure for training volunteers and contractors. This training specifically targets that volunteers and contractors will be informed of DCYC’s zero tolerance policy and expectations of them to report any knowledge or suspicion of sexual abuse or sexual harassment. This Auditor was provided with a PREA orientation form informing residents that volunteer and contractors are required to report such incidents. This Auditor was also provided with the volunteer and contractor training curriculum as well as the volunteer / contractor agreement. As part of this training curriculum volunteers and contractors will view two training videos. This training requirement was supported by interviews with, volunteers, contractors as well as the PREA Coordinator.

115.332 (c)

As outlined above it was determined that DCYC maintains documentation confirming that volunteers and contractors have received and understand the training they receive. This determination was made by reviewing training records and volunteer / contractor agreements. The facility also requires that all visitors, volunteers and contractors sign in when entering the facility. When signing into the facility one also acknowledges their understanding of DCYC’s zero tolerance policy.

Evidence Replied Upon:

- DCYC Policy 14.11
- Provided PREA Questionnaire
- PREA Orientation – Resident
- PREA Training Curriculum for Volunteers and Contractors
- PREA Volunteer / Contractor Agreement
- Volunteer / Contractor Background Checks
- Approved Volunteer List
- Auditor Observation
- Interviews with DCYC PREA Coordinator, volunteers and contractors

Corrective Action: No Corrective Action needed.

Standard 115.333: Resident education

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

115.333 (a)

- During intake, do residents receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.333 (a)

DCYC policy 14.12 - **Juvenile Training** addresses educating residents on PREA issues. The facility also provided for review educational materials that are provided to residents. This material consists of a resident handbook and PREA orientation sign off sheets for initial education video and monthly video review acknowledgment. It was clearly determined through documentation, interviews and observations that residents receive information explaining the agency's zero tolerance policy, how to report such incidents or suspicions and that it is presented in an age appropriate fashion. Residents prior to being moved to a housing unit must answer some PREA related questions to test their understanding of PREA.

115.332 (b)

Within 10 days a representative with the DCYC's education department provides more comprehensive age-appropriate education on PREA. This more comprehensive training is designed to gauge the residents understanding of PREA and allows educational staff to not only provide education but also to answer any questions the resident may have. The completed 10-day training records were provided for review. Training records as well as interviews with residents support this standard.

115.333 (c)

By reviewing the operation of the intake process and resident records it was determined that all residents receive comprehensive education. Regardless of their previous placement prior to admission to DCYC the intake process is the same ensuring all residents receive required education.

115.333 (d)

As referred to in PREA Standard 115.316 the Douglas County Youth Center (DCYC) has developed policy 14.5 - **Disabilities and Limited English Proficient with PREA**. According to this policy DCYC will ensure that resident with physical and/or mental disabilities are instructed on the facility’s efforts to prevent, detect and respond to sexual abuse and harassment. Staff will assist in meeting this requirement by reading the facility’s PREA policy to visually impaired residents. DCYC also employs staff that are certified interpreters this was confirmed with documentation and staff interviews. DCYC furthers this effort by utilizing Telephonic Interpreting Services to address a wider range of language needs. The use of Telephonic Interpreting Services was supported by provide documentation. DCYC also maintains an MOU with special education teachers to instruct resident/juveniles with PREA needs who have learning disabilities

115.333 (e)

It was determined by this Auditor that DCYC collects and maintains documentation of a resident’s participation in the facility’s PREA educational efforts. Residents are required to sign for their resident handbook, the orientation document, 10-day resident training and acknowledgement of the monthly PREA Video.

115.333 (f)

DCYC insures that key PREA information is continuously and readily available or visible to residents. This is accomplished by providing resident handbooks, PREA brochure, PREA videos being aired the first Friday of the month as well as posters throughout the facility not just on the living units. Compliance with this standard was easily determined through observation and interviews with random residents.

DCYC has made outstanding improvements to the requirements of this standard since their Field Training Audit in 2018.

Evidence Replied Upon:

- DCYC Policy 14.12
- DCYC Policy 14.5
- Provided PREA Questionnaire
- 10-Day PREA Training Records
- 10-Day PREA Training Curriculum
- PREA Brochure – Resident
- PREA Orientation Sign Off
- MOU with Special Education provider
- PREA Training Video Review – English/Spanish
- PREA Resource Center Training Curriculum – Employee
- Auditor Observation
- Interviews with DCYC PREA Coordinator, volunteers and contractors

Corrective Action: No Corrective Action needed.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.334 (a), 115.334 (c)

Douglas County Youth Center (DCYC) policy 14.13 - **Specialized Training: Investigators** states that DCYC trained investigators shall conduct administrative investigations and that all DCYC investigators will receive specialized training on how to conduct investigations. Policy 14.13 goes on to specifically outline those training requirements for investigators responsible for conducting administrative sexual abuse and sexual harassment investigations within the facility. It should be noted that any criminal investigations will be forwarded to the Douglas County Sheriff's Office (DCSO). This is also specified in policy 14.13.

Three investigators from DCYC completed a two-day training provided by Nebraska's Department of Health and Human Services (DHHS) Juvenile Services Division utilizing a curriculum provided by the PREA Resource Center. Investigator's certificates as well as class schedule and curriculum were provided to this Auditor for review. One investigator for DCYC completed additional "Train the Trainer Training" which enables this staff member to train additional instructors at the facility. This training certificate was also made available. Interviews with DCYC investigators and supporting training documentation back this standard. In addition, all documentation for completed training is maintained in the employee's training file.

115.334 (b)

Specialized training for DCYC investigators includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, the criteria and evidence required to substantiate a cause for administrative action or prosecution referral. This standard was supported by DCYC investigator interviews, training records, curriculum review and policy.

115.334 (d)

This provision is not required to be audited.

Evidence Replied Upon:

DCYC Policy 14.13

Provided PREA Questionnaire

DCYC Investigator Certifications

PREA Resource Center Training Curriculum – Specialized Investigator Training

PREA Training Investigator Training Power Point

Interviews with DCYC PREA Coordinator, Administrative Investigators and Certified Investigator Trainer

MOU with Douglas County Sheriff’s Office (DCSO)

Corrective Action: No Corrective Action needed.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

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

115.335 (b)

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

115.335 (c)

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

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.335 (a)

DCYC policy 14.14 - **Specialized Training: Medical and Mental Health Care** covers all aspects of training required by standard 115.335 (a) for full-time and part-time medical and mental health care professionals. The facility ensures this by providing in-house training to medical and mental health practitioners with both DCYC developed curriculum and curriculum developed by the National Institute of Corrections(NIC)/U.S. Department of Justice. Mental Health practitioners receive additional training through their employer Heartland Family Services. These training curriculums and training records were provided for review. Interviews with random mental health and medical practitioners also support this training practice and standard.

115.335 (b)

Medical staff employed by DCYC do not conduct forensic medical examinations. These are conducted by Project Harmony therefor this standard does not apply to DCYC.

115.335 (c)

DCYC maintains documentation of all medical and mental health practitioners training. This includes curriculum, certificates and signed acknowledgment of training. This documentation was reviewed prior to and during this Auditor's on-site visit.

115.335 (d)

Medical and mental health practitioners whether employed by DCYC, contract or volunteer receive the same training that is mandated for employees. As stated in standard 115.335 (a) this training consists of DCYC developed and NIC developed curriculum. Interviews with medical/mental health practitioners, curriculums and training records support this standard.

Evidence Replied Upon:

DCYC Policy 14.14

Provided PREA Questionnaire

NIC Certificates

Training Curriculums – Specialized Training: Medical and Mental Health

PREA Training Investigator Training Power Point

Interviews with DCYC Medical and mental Health staff

Corrective Action: No Corrective Action needed.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.341 (a)

Immediately upon a resident's arrival at DCYC facility staff begin to obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident. This is done well within the 72 hours required by PREA Standards. The facility initially collects this screening information at intake then it is reviewed again after 10 days. Initial screenings are further supported by policy 11.3 - **Admission**.

115.341 (b), 115.341 (c)

DCYC uses an objective screening instrument in combination with a classification and mental health screening assessment. The DCYC screening instrument addresses all criteria specified in standard 115.41 (c) and is actually more detailed than required by standards. These screening instruments were provided for review and a random sample were reviewed during the on-site visit.

115.341 (d)

DCYC staff gain needed information for the facility's screening instrument through numerous means. Staff utilize current charges along with any previous criminal records, facility records and any other relevant documentation. Staff also obtain needed information through conversation with residents and using the yes or no format of the screening instrument. All information gained is in conjunction with an existing classification and mental health screening instrument. Staff members that conduct intake and screenings supported this policy and procedures during interviews. Randomly selected residents also supported that this practice does in fact occur upon intake. Screening instruments were provided and reviewed showing this procedure does take place and policy is followed.

115.341 (e)

As a result of their Field Training Audit in February of 2018 DCYC has constructed a partitioned area within the admission area where screenings can be done in a more private location. If the intake area is extremely busy intake screenings can be done in one of the interview rooms located adjacent to intake.

DCYC has appropriate mechanisms in place for control of the dissemination of information gained from intake screenings to protect sensitive information from possible exploitation by staff or other residents. The first level of control is that DCYC has specifically identified staff as intake / screening personnel. Hard copy file documents are secured in the intake area where only intake personnel have access to them. The computer software the DCYC uses limits access to information gained from the intake screenings to intake personnel, supervisors and mental health. Policy and practice were confirmed through document review, observations and interviews with intake staff as well as residents.

Evidence Replied Upon:

DCYC Policy 14.15 – Screening for Risk of Victimization and Abuse

DCYC Policy 11.3 - Admissions

Provided PREA Questionnaire

DCYC Classification Screening Instrument

DCYC Mental Health Screening (MAYSI) Instrument

DCYC PREA Risk Assessment Instrument

Interviews with DCYC PREA Coord., Mental Health staff, Intake/Screening staff, and Random Residents

Auditor Observations

Corrective Action: No Corrective Action needed.

Standard 115.342: Use of screening information

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

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
 Yes No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
 Yes No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
 Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?
 Yes No

115.342 (d)

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

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?
 Yes No

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.342 (a)

DCYC policy 14.16 - **Use of Screening Information** section (F) states "Detention staff will use the information obtained during the intake process to classify all juveniles and place them into appropriate housing units and cells with the goal of keeping all Resident/Juveniles safe from sexual abuse." This process was confirmed with provided classification, screening and medical/ mental health instruments. The resulting scores of these instruments determine housing units, room assignments and programming to include mental health. This practice was further supported by interviews with DCYC PREA Coordinator, intake staff and mental health practitioners. This Auditor further confirmed this practice while observing the intake process.

115.342 (b)

Policy 14.16 – **Use of Screening Information** further states that DCYC does not place a resident in isolation as a means of protection unless it is only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, the DCYC will allow the resident:

- a. daily large muscle exercise, and any legally required educational programming or special education services
- b. daily visits from a medical and mental health care clinician
- c. access to other programs and work opportunities to the extent possible

Interviews with the Superintendent confirmed that residents in room restriction receive one-on-one educational services, medical and mental health visits daily. He also confirmed that room confinement was not used for instances of alleged sexual abuse or sexual harassment. Medical and mental health representatives that were interviewed affirmed that residents in room restriction are located on their housing units and that they receive daily visits from medical and mental health staff.

Since DCYC employs room restrictions and does not maintain a segregation or isolation living unit residents stay on their housing unit and are restricted to their room. As a result, all staff that work on the housing unit would supervise residents on restriction and there are no dedicated staff for these interviews. Staff interviewed stated that room confinement is not used for allegations of sexual abuse or harassment. Instead the resident would more than likely be transferred to a different housing unit.

115.342 (c)

According to DCYC policy “Lesbian, gay, bisexual, transgender, or intersex Resident/Juveniles shall not be placed in a particular room or unit solely on the basis of such identification or status, nor shall detention officers consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.” This policy and standard is further supported by DCYC’s Classification screening criteria and Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) forms. During the on-site phase there were no residents that self-identified as LGBTI so no interviews were able to be conducted. From the random resident interviews it was determined that identifying LGBTI status is part of the intake process. This process and screening practice has been revised since DCYC had undergone a Field Training Audit in February of 2018.

115.342 (d), 115.342 (e), 115.342 (f)

DCYC policy requires that for each transgender or intersex resident the facility makes decisions on a case-by-case basis when assigning a resident to a unit for male or female residents and when making other housing and programming assignments. The determination takes into consideration whether the placement would ensure the resident’s health and safety, and whether the placement would present management or security problems. Per policy 14.16 DCYC reassesses placement and programming assignments at least twice each year to review any threats to safety experienced by the resident. DCYC will also give serious consideration to the resident’s own views with respect to his/her own safety when making housing and programming assignments.

These provisions to the standard were further corroborated by interviews with DCYC PREA Coordinator and Intake/Screening Staff. Screening staff that were interviewed stated that every resident whether transgender, intersex is reassessed every 10 days to 2 weeks which is well within the twice annual goal of this standard. As noted above no residents that identified as LGBTI were lodged at the DCYC during the time of this on-site phase so no interviews of this type were conducted.

115.342 (g)

DCYC policy requires that transgender or intersex residents are given the opportunity to shower separately from other residents. DCYC practice and policy allows for all residents to shower separately. Facility design lends to this by only being equipped with single shower stalls. Interviews with staff responsible for Intake/Screenings and the PREA Coordinator confirmed that all residence shower separately. No residents that identified as LGBTI were lodged at the DCYC during the time of this on-site phase so no interviews of this type were conducted.

115.342 (h)

Douglas County Youth Center (DCYC) policy 14.28 - is consistent with this standard and stating” They may only be placed on protective custody or administrative segregation as a last resort if less restrictive measures are inadequate to keep them and other Resident/Juveniles safe, and only until an alternative means of keeping Resident/Juveniles safe can be arranged.” Policy 14.16 states that “If a resident is isolated, the facility must clearly document the basis for the facility’s concern for the resident’s safety and the reason why no alternative means of separation can be arranged

Interviews with staff and DCYC's Pre-Audit Questionnaire (PAQ) indicated that the facility does not have a segregation unit nor does it employ isolation upon residents. This practice was corroborated by this Auditor during the on-site phase. The facility uses room confinement for incidents requiring some type of removal. Room confinement keeps residents on the living unit where they are allowed all programming, exercise and use of showers along with constant access to staff.

As stated above interviews with the Superintendent confirmed that residents in room restriction receive one-on-one educational services, medical and mental health visits daily. He also confirmed that room confinement was not used for instances of alleged sexual abuse or sexual harassment. Medical and mental health representatives that were interviewed affirmed that residents in room restriction are located on their housing units and that they receive daily visits from medical and mental health staff.

Also Stated above since DCYC employs room restrictions and does not maintain a segregation or isolation unit residents stay on their housing unit and are restricted to their rooms. As a result, all staff that work on the housing unit would supervise residents on restriction and there are no dedicated staff for these interviews. Staff interviewed stated that room confinement is not used for allegations of sexual abuse or harassment. Instead the resident would more than likely be transferred to a different housing unit.

Staff and DCYC's PAQ also confirmed that no resident at risk of sexual victimization was placed in isolation or room restriction in the past 12 months therefore; no documentation was available for review.

115.342 (i)

According to policy 14.28 "Resident/Juveniles placed on protective custody or administrative segregation will have a review within five (5) days to determine whether there is a continuing need for separation from the general population." This is well within the provisions of this standard which calls for a review every 30 days. This was confirmed by interviews with the Superintendent, PREA Coordinator and Random Staff.

Evidence Replied Upon:

DCYC Policy 14.16 - Use of Screening information

DCYC Policy 14.20 – Screening for Risk of Victimization and Abuse

DCYC Policy 11.3 – Admissions

DCYC Policy 14.28 - Post Allegation Protective Custody

Provided PREA Questionnaire

DCYC Classification Screening Instrument

DCYC Mental Health Screening (MAYSI) Instrument

DCYC PREA Risk Assessment Instrument

Interviews with DCYC Superintendent, PREA Coordinator, Mental Health/medical staff and Intake/Screening staff

Auditor Observations

Corrective Action: No Corrective Action needed.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

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

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

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

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.351 (a)

Douglas County Youth Center (DCYC) policy 14.17 – **Resident/Juvenile Reporting** states that DCYC shall provide multiple internal ways for youth to privately report sexual abuse and sexual harassment, retaliation by other youth or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The facility's PREA Coordinator reported during interviews that residents have multiple ways to report sexual abuse and harassment. Residents can report to any staff including, medical, mental health and educational staff. Numerous areas in the facility are equipped with grievance drop boxes that residents may utilize for submitting written reports. This options enables residents to report anonymously. These boxes are checked at least once per shift by the shift supervisor. This standard, policy and practice was further supported by staff and resident interviews. These interviews consistently demonstrated that there were multiple reporting options and that they were well known among staff and residents.

115.351 (b)

DCYC policy 14.17 also states that DCYC provides at least one way for youth to report abuse or harassment to a public or private entity or office that is not part of DCYC and that is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to DCYC officials, allowing the youth to remain anonymous upon request. One option for this is the PREA Hotline which is through Project Harmony and allows the resident to make a report without giving their name. The other option is for residents to report directly to the mental health counselors located within the facility. These counselors are provided through Heartland Family Services. Whereas Heartland Family Services is an on-site entity they are not part of the agency. Both of these reporting options are able to immediately forward resident reports to DCYC officials.

Interviews with random staff and residents support this standard as well.

Policy also states that Youth detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

115.351 (c)

DCYC policy 14.17 states that DCYC staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Policy further states that locked PREA drop boxes will be available throughout the facility. Random staff as well as the PREA Coordinator corroborated that residents did have these reporting options and that staff would accept any one of these reporting options. Staff interviews overwhelmingly supported policy stating that they would document any such verbal reports. Examples of documented verbal reports were reviewed prior to and during the on-site audit. Resident interviews also revealed that they believed these reporting options existed and they felt comfortable using them if needed.

115.351 (d)

Policy 14.17 establishes an instrument for both residents and staff to report sexual abuse and harassment. The facility provides residents with the tools required to make these reports. In this effort DCYC provides drop boxes throughout the facility for residents to submit written reports. Furthermore, DCYC provides grievance forms, blank paper and writing utensils that juveniles may utilize in an effort to make a report of sexual abuse and sexual harassment. Interviews of residents indicated that these means of reporting were readily available to them. Interviews and this Auditor's observations support this standard and practice.

Through interviews staff also expressed that they believe they can make a private report and named multiple methods to do so and to whom they could report to, naming individuals at different levels of DCYC management. Staff also expressed they could use the drop boxes or hotline as well.

Evidence Replied Upon:

DCYC Policy 14.17
Provided PREA Questionnaire
Verbal Report Documentation
Resident handbook
PREA Brochure
PREA Posters
PREA Resource Center Training Curriculum – Employee
Auditor Observation
Interviews with DCYC PREA Coordinator, random staff and residents

Corrective Action: No Corrective Action needed.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

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

115.352 (c)

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

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

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

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.352 (a)

Douglas County Youth Center (DCYC) has administrative procedure to address resident grievances regarding sexual abuse. DCYC policy 14.18 - **Exhaustion of Administrative Remedies** establishes mechanisms for youth and staff to report sexual abuse and sexual harassment allegations in a safe and efficient manner. A formal grievance process was corroborated through random staff as well as random resident interviews. DCYC's grievance process was further corroborated by documentation review and Auditor observations of grievance drop boxes located throughout the facility.

115.352 (b)

Policy 14.18 (page 1) states that DCYC shall not impose a time limit on when a youth may submit a grievance regarding an allegation of sexual abuse and that DCYC may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. Policy 14.18 further supports this provision stating that DCYC shall not require a youth to use any informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Interviews with random residents support this policy and standard by consistently indicating that they believe they may file a grievance at any time regarding sexual abuse and sexual harassment. Residents also pointed out that grievance drop boxes are located throughout the facility.

115.352 (c)

DCYC policy 14.18 ensures that a youth who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and that such grievance is not referred to a staff member who is the subject of the complaint. This policy also indicates that grievance drop boxes are located throughout the facility which was corroborated by both staff and resident interviews. This Auditor observed that grievances are readily available on the living units including writing utensils.

115.352 (d)

Policy 14.18 (A.6) states that “DCYC shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by youth in preparing any administrative appeal. “Policy 14.18 (A.6.b) also supports this provision by stating that “DCYC may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. DCYC shall notify the youth in writing of any such extension and provide a date by which a decision will be made.” Section A.7 of this policy state that “At any level of the administrative process, including the final level, if the youth does not receive a response within the time allotted for reply, including any properly noticed extension, the youth may consider the absence of a response to be a denial at that level. “

In the past 12 months DCYC reported that two grievances were filed alleging sexual abuse, these two grievances reached a final decision within the 90 days dictated by this provision and DCYC policy. No grievances were filed that required an extension to make a final decision so no written notification was needed.

Interviews with the residents that submitted the two grievances was not conducted due to them no longer being at DCYC.

115.352 (e)

According to DCYC policy 14.18 (10.1-5) Third parties (attorney’s, caseworks, parents) shall be permitted to assist residents in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. The residents can decline to have third party assistance in filing a grievance alleging sexual abuse and the Detention Manager will document the resident’s decision to decline. Furthermore, Parents or legal guardians of the resident can file a grievance alleging sexual abuse (or an appeal) regardless of whether or not the resident agrees to have the grievance filed on their behalf.

DCYC reported that there are no documented incidents of grievances being filed by a third party on behalf of a resident over the past 12 months that could be reviewed during this on-site phase. All grievances are maintained in the resident's file. A random review of resident files did not produce any grievances regarding sexual abuse and sexual harassment.

This policy is also supported by material found in the Resident Handbook on page 14. The Resident Handbook states that any person may also fill out a grievance in your behalf (Lawyer, staff member, parent, clergy, mental health, etc.). During interviews residents expressed that they knew that other persons could fill out a grievance on their behalf.

Additional support for this provision was found on the DCYC website where a fillable PREA incident report can be accessed by third parties outside of the facility.

115.352 (f)

DCYC Policy 14.18 (A.9) states that any grievance that alleges that a resident is subject to substantial risk of imminent sexual abuse will be considered an emergency grievance and referred immediately to the Detention Manager who shall take immediate action to eliminate the resident's risk of harm. The Detention Manager shall inform the PREA Coordinator of the grievance. Immediate action will take place to eliminate the imminent risk of sexual abuse for the resident. Action taken to eliminate risk shall be case-by-case but include options such as changes in unit assignments or programming assignments, staffing changes. Emergency grievances shall be responded to immediately, with an initial response within (2) calendar days. A final decision shall be issued within five (5) calendar days.

Further corroboration was supplied via the Resident Handbook page 14 stating "If you feel like you are in danger an emergency grievance can be given directly to the Duty Supervisor. The duty supervisor will take immediate action for your safety."

PREA Coordinator interviews indicated that he would be notified immediately if a grievance requires immediate action. This further supports policy and the provisions of this standard.

DCYC reported in their PAQ that there were no emergency grievances filed in the past 12 months.

115.352 (g)

DCYC policy 14.18 (A.8) does states that DCYC may discipline a youth for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the youth filed the grievance in bad faith. DCYC Resident Handbook (pg. 14) also makes reference to this policy and practice by stating "There can be disciplinary sanctions brought against you if you report false sexual abuse or sexual harassment allegations against staff or another juvenile." The PREA Coordinator affirmed this policy and added that no resident has been disciplined for filing a grievance in bad faith within the past 12 months.

As a result of the Field Training Audit in February 2018 DCYC has made improvements to support the provisions of this standard

Evidence Replied Upon:

DCYC Policy 14.18 - Exhaustion of Administrative Remedies
DCYC Resident Handbook
PREA Resident Brochure
PREA Incident Report Form
Provided PREA Questionnaire
Interviews with DCYC Superintendent, PREA Coordinator, Random staff and residents
DCYC Website
Auditor Observations

Corrective Action: No Corrective Action needed.

Standard 115.353: Resident access to outside confidential support services and legal representation

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

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

115.353 (c)

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

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.353 (a)

DCYC policy 14.19 – **Outside Confidential Support Services** (A) states that DCYC shall provide Resident/Juveniles with access to outside victim advocates for emotional support services related to sexual abuse through Project Harmony. Resident/Juveniles shall have access to the Nebraska Health and Human Services (NHHS) through postal mail and a toll free hotline via detainee telephones located in their housing unit. Signage with NHHS contact information including the address and telephone number shall be located in various locations throughout the facility.

This Auditor observed PREA posters containing information on how to contact victim services in English and Spanish throughout the facility. These posters contain mailing addresses as well as phone numbers. The Resident Handbook also provided more information on this provision of the standard. The Resident Handbook page 3 explains in detail the process for calling the Nebraska Child Abuse and Neglect Hotline. The 1-800 is provided and the fact that these phone calls are not recorded.

Residents interviewed demonstrated different levels of knowledge in the area of outside advocates and services. All residents confirmed the presence of posters containing mailing addresses and phone numbers. Those who demonstrated less knowledge stated that they knew where to find this contact information if they needed it. Siting that it was contained in the PREA brochure and handbook they received. All residents confirmed that they would be able to use the phone to report sexual abuse anytime they needed to.

Phone and mailing procedures were also supported by policy 10.1 - **Mail Service** and 10.3 - **Phone Service**

115.353 (b)

DCYC policy 14.19 states that prior to giving them access, DCYC shall inform Resident/Juveniles, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. This policy is further supported by the Resident Handbook (pg. 4) by informing the resident that this call is a private call and not recorded by DCYC.

Interviews with residents were inconsistent concerning their knowledge of whether or not the calls are monitored or recorded however; as stated above it is located in the Resident Handbook they are provided.

115.353 (c)

This provision is covered by state statute 28-728 and 28-729 whereas the responsibility of Project Harmony as a designated child advocate center for the State of Nebraska. The existence of these state statutes satisfies this standard requiring an MOU. Project Harmony provides numerous services to residents including confidential emotional support services related to sexual abuse. These services were detailed in a supporting letter from Project Harmony's Director of Response Services.

An MOU is in place between DCYC and Heartland Family Services. This MOU provides information on the services that are provided by Heartland Family Services. These services include crisis intervention, short term individual and /or family counseling, planning for transitional services and continuity of care. These services were also confirmed during interviews with Heartland Family Services staff.

115.353 (d)

According to policy 14.19 (C) DCYC shall provide Resident/Juveniles with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. This policy and standard is further supported by the material found in the Resident handbook as well as policy 10.2 - **Visiting**.

During interviews DCYC Superintendent and PREA Coordinator supported this policy and practice. Interviews revealed that a youth can call his or her attorney and that these calls are not monitored or record. It was also revealed that residents are provided confidential contact visits with attorneys in private rooms. This Auditor witnessed both attorney and parent visits during the on-site audit phase.

All residents interviewed indicated that they have access to their attorney through personal visits or phone calls. Residents also indicated that attorney visits usually take place in the room that these resident interviews were conducted. All residents corroborated that they can have regular visits with a parent or guardian. Residents also acknowledged that they have phone access to their parents as well.

Evidence Replied Upon:

- DCYC Policy 14.19 - Outside Confidential Support Services
- DCYC Policy 10 – Juvenile Services
- DCYC Resident Handbook
- PREA Resident Brochure
- Project Harmony Documentation
- Provided PREA Questionnaire
- Nebraska State Statute – 28-728 and 28-729
- Interviews with DCYC Superintendent, PREA Coordinator, Random staff and resident
- PREA Posters
- Auditor Observations

Corrective Action: No Corrective Action needed.

Standard 115.354: Third-party reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.354 (a)

The Douglas County Youth Center (DCYC) has developed a stand-alone policy related to Third Party Reporting. Policy 14.20 - **Third Party Reporting** requires that DCYC publicize information on how to report sexual abuse and sexual harassment on behalf of a resident through the facility’s website. Third parties have at least three ways to report. Third parties may report directly to the PREA Coordinator or Detention Manager through the website or phone. They may also make a report to the Child Abuse and Neglect Hotline or by utilizing the grievance forms and locked drop box in the facility’s lobby. The last two options are also addressed on the facility’s website. Third party reporters also have the option of making these reports as an anonymous party.

This Auditor confirmed operation of the hotline as well as website information and lobby grievance drop box. Random staff interviews indicated that these reporting options existed. Random resident interviews confirmed they were aware of the third party reporting option.

Evidence Replied Upon:

- DCYC Policy 14.20 – Third Party Reporting
- Provided PREA Questionnaire
- PREA Incident Reporting Forms
- DCYC Website
- Interviews with Random Staff and Residents
- Auditor Observations

Corrective Action: No Corrective Action needed.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

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

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.361 (a), 115.361 (b)

DCYC policy 14.21 - **Staff and Agency Reporting Duties** requires that all staff are to report immediately any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment, retaliation and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. According to policy DCYC also requires all staff to comply with any applicable mandatory child abuse reporting laws.

All random staff members that were interviewed affirmed the requirement that they are required to report any knowledge, suspicion or information received regarding an incident of sexual abuse, sexual harassment or retaliation. Each staff member interviewed was also aware of their mandatory requirements supporting DCYC policy and this standard.

115.361 (c)

Policy 14.21 complies with this standard whereas; apart from reporting to designated supervisors or officials and designated state or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Staff shall keep confidential any information related to the sexual abuse incident.

Those staff that were interviewed confirmed that this type of information was on a need to know basis and would only apply to those involved in the incident or the investigation of such.

115.361 (d)

Policy 14.21 mirrors standards requiring medical and mental health practitioners to report sexual abuse to designated supervisors and officials pursuant to provisions of 115.361 (a) and requires that they inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Both medical and mental health staff interviewed confirmed their requirement to report. No such reports have been made directly to the medical or mental health staff within the past 12 months therefore no documentation was available for review.

115.361 (e)

Policy 14.21 states that upon receiving any allegation of sexual abuse, the Detention Manager at DCYC or designee shall promptly report the allegation to the Douglas County Sheriff's Office (DCSO) and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. In addition, if the alleged victim is under the guardianship of Child Protective Services, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. Furthermore, if a juvenile court retains jurisdiction over the alleged victim, the Superintendent at DCYC or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

The DCYC PREA Coordinator and Superintendent were interviewed and confirmed that they would notify the resident's parents or legal guardians including child welfare if necessary. The Superintendent reaffirmed that these notifications would be made as soon as possible after gathering needed information. The Superintendent expressed that notifications would be made prior to completing any investigation. This information was also corroborated by the facility's PREA Coordinator. No incidents have been reported in the past 12 months for documentation review.

115.361 (f)

Policy 14.21 requires the Superintendent or designee to report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the Douglas County Sheriff’s Office (DCSO) designated investigators. This policy however does not address non-criminal allegations and reporting to the DCYC’s designated internal investigators. Interviews with the facility’s Superintendent and PREA Coordinator confirm that internal investigators would be notified and would determine criminal allegations before contacting the DCSO. The designee referred to in policy would likely be the PREA Coordinator who is also a certified investigator for DCYC.

Evidence Replied Upon:

DCYC Policy 14.21 – Staff and Agency Reporting Duties

Provided PREA Questionnaire

Interviews with DCYC Superintendent, PREA Coordinator, medical/mental health staff and random staff

Auditor Observation

Corrective Action: No Corrective Action needed.

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.362 (a)

DCYC policy 14.22 - **Agency Protection Duties** addresses the provisions of this standard stating that in the event that DCYC learns that a Resident/Juvenile is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the Resident/Juvenile. Interviews with random staff demonstrated the facility's mission to protect Residents from sexual abuse. Staff interviews overwhelmingly supported that staff were familiar with policy and that they would utilize practices to keep residents safe. Interviews with the facility's Superintendent and random staff also confirmed that there had been no instances of this type within the past 12 months.

Evidence Replied Upon:

DCYC Policy 14.22 – Agency protection Duties

Provided PREA Questionnaire

Interviews with DCYC Superintendent and Random Staff

Corrective Action: No Corrective Action needed.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.363 (a)

Douglas County Youth Center (DCYC) policy 14.23 – **Reporting to Other Confinement Facilities** outlines the staff's requirement of reporting to other confinement facilities upon receiving an allegation that a resident was sexually abused while there and that notification is to be made to the head of that facility where the abuse occurred.

115.363 (b), 115.363 (c)

Policy 14.23 (A.1) directs that such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. The Superintendent or designee will also document that it has provided such notification. Both the Superintendent and PREA Coordinator were interviewed confirming they were aware of this policy and the requirements. There were no reports of this type within the last 12 months therefor no documentation review was performed.

115.363 (d)

DCYC policy 14.23 (A.3) also addresses that in the event DCYC received such notification from another agency, DCYC shall ensure the allegation is investigated in accordance with PREA standards. During the Superintendent's interview he stated that upon receiving a report of this type DCYC investigators would gather whatever information they could within the facility. If the perpetrator was still at DCYC staff would ensure that resident was not in a position to victimize anyone else and that the Douglas County Sheriff's Office would be contacted. He added that an administrative review would also be conducted.

Evidence Replied Upon:

DCYC Policy 14.23 – Reporting to Other Confinement Facilities
Provided PREA Questionnaire
Interviews with DCYC Superintendent and PREA Coordinator
Administrative Investigation Files

Corrective Action: No Corrective Action needed.

Standard 115.364: Staff first responder duties

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

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.364 (a)

DCYC policy 14.24 – **Staff First Responder Duties** states that the facility has established a protocol for first responders on the scene of a sexual assault. During interviews it was determined that no staff member had actually acted as a first responder to an incident of this type within the past 12 months. The facility has had two (2) reported incidents but those incidents did not require staff to act in a first responder capacity. Staff during interviews were able to explain how they would respond and were familiar with the protocol and procedures related to first responder actions. Staff also demonstrated knowledge on how to protect a crime scene and how to ensure physical evidence was not destroyed.

Medical and mental health staff affirmed that they had received training and understood how to preserve physical evidence of a sexual assault.

Since DCYC's Field Training Audit in February of 2018 adjustments have been made to policy. Specifically making efforts that alleged perpetrators not take actions to destroy physical evidence. Interviews supported knowledge of these changes.

115.364 (b)

Policy 14.24 (A.2) also states that if the staff first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff immediately. This policy and standard was supported by medical/mental health and contract staff.

Evidence Replied Upon:

DCYC Policy 14.24 – Staff First Responder
Provided PREA Questionnaire
DCYC Coordinated Response Plan
Interviews with DCYC Random Staff, Medical and Mental Health Contractor
Administrative Investigation Files

Corrective Action: No Corrective Action needed.

Standard 115.365: Coordinated response

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

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.365 (a)

DCYC policy 14.25 – **Coordinated Response Plan** states that it is DCYC's policy to establish mechanisms for a coordinated response plan if an incident of sexual abuse is reported among the staff first responders, medical or mental health practitioners, investigators and facility leadership. Policy specifies that all reports shall be thoroughly investigated by the Douglas County Sheriff's Office (DCSO). Policy 14.25 (A.2) also details measures that will be taken if the perpetrator is an employee (contractor/volunteer) or a resident. In addition, policy calls for the cooperation of CDYC administration and staff with local law enforcement. To further support this policy and standard the facility has developed the DCYC Coordinated Response Plan. This plan details actions to be taken by staff, supervisors, detention managers or PREA Coordinators, medical/mental health practitioners and DCYC investigators.

Staff interviewed were aware of policy 14.25 and that there was a coordinated response plan. Employees were able to articulate their duties under the response plan and had good general knowledge of the policy as a whole and what was required of others under the plan.

Evidence Replied Upon:

DCYC Policy 14.25 – Coordinate Response Plan
Provided PREA Questionnaire
DCYC Coordinated Response Plan
Interviews with DCYC Random Staff, Medical and Mental Health Contractor
Administrative Investigation Files

Corrective Action: No Corrective Action needed.

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.366 (a)

Douglas County Youth Center (DCYC) policy 14.26 - **Preservation of Ability to Protect Resident/Juveniles from Contact with Abusers** mirrors this standard regarding collective bargaining agreements as they relate to PREA. DCYC has entered into or renewed agreements since August 20, 2012. For example, agreements with the Youth Center Education Association (YCEA) and the American Federation of State, County and municipal Employees (AFSCME) Local #251, were provided for review. After review of these agreements and interviews with staff it was determined that there is nothing that would prevent staff, volunteers or contractors from being removed from contact with residents while an investigation was being conducted.

115.366 (b)

The Standard provision is not required to audited.

Evidence Replied Upon:

DCYC Policy 14.26 - Preservation of Ability to Protect Resident/Juveniles from Contact with Abusers

Provided PREA Questionnaire

Labor Contract - American Federation of State, County and municipal Employees (AFSCME) Local #251

Labor Contract - Youth Center Education Association – Teachers Union

Interviews with DCYC Superintendent, PREA Coordinator

Corrective Action: No Corrective Action needed.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

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

115.367 (c)

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

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.367 (a)

DCYC policy 14.27 - **Agency Protection Against Retaliation** outlines the facility's response to retaliation against a staff member or resident and the protection for all residents and/or staff members who report an allegation of sexual abuse and sexual harassment; or who cooperates with an investigation into such allegations. Policy stated and it was confirmed by the PREA Coordinator that he is designated as the individual who is responsible for monitoring a resident and/or staff against retaliation. He further stated that he would use different measures to monitor possible retaliation to include: welfare checks, monitoring the residents, video surveillance and the resident's points for unexplained changes in points. An interview with the Superintendent also substantiated these practices.

115.367 (b)

DCYC policy (A.2) states that the facility will employ multiple protective measures to protect a resident ranging from changing their housing unit, removing them from the facility into another, removing the abuser or alleged staff member from contact with the victim and in the provide emotional support to the resident victim. Interviews with the Superintendent and PREA Coordinator support this policy as well as standard.

115.367 (c)

Policy 14.27 (A.3) states "For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of youth or staff who reported the sexual abuse and of youth who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by youth or staff, and shall act promptly to remedy any such retaliation." This policy was supported by interviews with DCYC Superintendent and PRE Coordinator. Further evidence of compliance was supplied in the form of completed investigative reports whereas the PREA Coordinator and the Detention Manager performed a follow up with a resident regarding retaliation. The PREA Coordinator also stated during interviews that if a resident left the facility and returned that he would continue the monitoring for possible retaliation. It should be noted that the individual tasked with monitoring possible retaliation is clearly defined as the PREA Coordinator or designee. This became more clearly defined after DCYC's Field Training Audit in February 2018.

115.367 (d)

Policy 14.27 (A.4) states that such monitoring shall also include periodic status checks of the individual being monitored. DCYC Superintendent and PREA Coordinator confirmed this policy and its practice during interviews. This Auditor was also provided with completed investigative reports where retaliation was addressed with a resident.

115.367 (e)

Policy 14.27 (A.5) states "If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation." This was also corroborated by interviews with the Superintendent and PREA Coordinator. No instances of this have occurred in the past 12 months which did not allow for any documentation review.

115.367 (f)

This Standard provision is not required to audited.

Evidence Replied Upon:

DCYC Policy 14.27 - Agency Protection Against Retaliation
DCYC Policy 8.1 - Rights and Responsibilities
Provided PREA Questionnaire
Investigative Report – Follow up
Interviews with DCYC Superintendent, PREA Coordinator

Corrective Action: No Corrective Action needed.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.368 (a)

Douglas County Youth Center (DCYC) policy 14.28 - is consistent with this standard and states "It is DCYC policy to protect Resident/Juveniles who have suffered sexual abuse. They may only be placed on protective custody or administrative segregation as a last resort if less restrictive measures are inadequate to keep them and other Resident/Juveniles safe, and only until an alternative means of keeping Resident/Juveniles safe can be arranged." Interviews with staff and DCYC's Pre-Audit Questionnaire (PAQ) indicated that the facility does not have a segregation unit nor does it employ isolation upon residents. This practice was corroborated by this Auditor during the on-site phase. The facility uses room confinement for incidents requiring some type of removal. Room confinement keeps residents on the living unit where they are allowed all programming, exercise and use of showers along with constant access to staff.

There were no residents in room confinement for making an allegation of sexual abuse, as there were no incidents that had occurred. This did not allow for any resident interviews of this type. One interview was conducted with a resident who had reported victimization prior to arriving at DCYC. The resident was not placed into isolation as a result. This resident also substantiated that he received a meeting with mental health within a few hours upon arriving and disclosing his prior victimization. Interviews with the Superintendent confirmed that residents in room restriction receive one-on-one educational services, medical and mental health visits daily. He also confirmed that room confinement was not used for instances of alleged sexual abuse or sexual harassment. Medical and mental health representatives that were interviewed affirmed that residents in room restriction are located on their housing units and that they receive daily visits from medical and mental health staff.

Since DCYC employs room restrictions and does not maintain a segregation or isolation unit residents stay on their housing unit and are restricted to their room. As a result, all staff that work on the housing unit would supervise residents on restriction and there are no dedicated staff for these interviews. Staff interviewed stated that room confinement is not used for allegations of sexual abuse or harassment. Instead the resident would more than likely be transferred to a different housing unit.

Evidence Replied Upon:

DCYC Policy 14.28 - Post Allegation Protective Custody

Provided PREA Questionnaire

Auditor Observation

Interviews with: DCYC Superintendent, PREA Coordinator, random staff, medical/mental health staff and resident who reported prior victimization

Corrective Action: No Corrective Action needed.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

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

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

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

115.371 (f)

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

115.371 (g)

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

115.371 (h)

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

115.371 (i)

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

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.371 (a)

DCYC policy 14.29 - **Criminal and Administrative Agency Investigations** addresses the provisions of this standard stating "Investigations shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigations are to be initiated immediately, but no later than twenty-four (24) hours upon receipt of allegation. Investigators reported that an investigation would start immediately as soon as they received a report. Both investigators interviewed confirmed that any investigation would definitely get started well before 24 hours. During interviews with random staff it was determined that staff know who DCYC investigators are and that they would handle administrative investigations for the facility. Both investigators also confirmed that the Douglas County Sheriff's Office (DCSO) would take over and conduct any criminal investigation.

The two DCYC investigators interviewed also supported policy and standard stating that third party and anonymous reports would be investigated in the same manner as any other investigation.

115.371 (b)

DCYC policy 14.29 (D.) states “DCYC shall utilize investigators who have received specialized training in sexual abuse investigations in the confinement setting pursuant to Standard 115.334.” Three investigators from DCYC completed a two-day training provided by Nebraska’s Department of Health and Human Services (DHHS) Juvenile Services Division utilizing a curriculum provided by the PREA Resource Center. These certificates as well as class schedule and curriculum were provided to this Auditor for review. One investigator for DCYC completed additional “Train the Trainer Training” which enables this staff member to train additional instructors at the facility. This training certificate was also made available. Interviews with DCYC investigators and supporting training documentation support this standard. In addition, all documentation for completed training is maintained in the employee’s training file.

115.371 (c)

Per policy “Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.” This policy, practice and standard was supported by interviews with DCYC investigators. It is also supported by the specialized training investigators have receive.

Specialized training for DCYC investigators includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, the criteria and evidence required to substantiate a cause for administrative action or prosecution referral. This standard was supported by DCYC investigator interviews, training records, curriculum review and policy.

115.371 (d)

According to investigator interviews DCYC will never terminate an investigation solely because the source of the allegation recants the allegation. This is further supported by DCYC policy 14.29 (N.) stating “The victim or source of the allegation recanting his/her statement shall not provide basis for terminating an investigation.”

115.371 (e)

Douglas County Sheriff’s Department (DCSO) investigators will be the only entity to conduct compelled interviews. Compelled interviews shall be conducted only after consulting with the Douglas County Attorney’s Office as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. This practice is supported by policy 14.29 (F.) as well as DCYC investigator interviews.

115.371 (f)

According to policy 14.29 (G.) “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as a Resident/Juvenile in DCYC. DCYC shall not require a Resident/Juvenile who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

DCYC investigators reported that all allegations are taken on a case by case basis without any preexisting bias. During interviews both investigators confirmed that no resident would be required to submit to a polygraph examination or other truth telling device as a condition for proceeding with an investigation.

115.371 (g)

Policy 14.29 (H.) states “Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse.” Policy further states that “Administrative investigations shall be documented in written reports that include a description of the physical and testimonial evidence, reasoning behind credibility assessments, investigative facts and findings.” Investigators supported that when they review evidence that they are also making an effort to determine what impact staff actions may have contributed to the incident.

A review of investigative files demonstrated that administrative investigations are documented. These reporting forms specifically showed space provided to document information, testimonial evidence, reasoning behind credibility assessments and other investigative facts and findings. These provisions were also supported by DCYC investigators during interviews.

115.371 (h)

DCYC investigative staff reported during interviews that all criminal investigations are conducted by the Douglas County Sheriff’s Office (DCSO) and DCYC is provided with a copy of the report once completed. Investigators confirmed that the report would contain interviews with staff and residents as well as documentation of evidence obtained during the investigation. DCYC has not had any sustained allegations of conduct that appear to be criminal that were forwarded to the DCSO since their last audit which was a Field Training Audit conducted in February 2018.

115.371 (i)

DCYC policy 14.29 (K.) addresses this issue, stating “Substantiated allegations that appear to be criminal shall be referred for prosecution.” Investigators interviewed states that the DCSO conducts all criminal investigations and would be responsible for referring any substantiated allegations that appear to be criminal for prosecution. Per their PAQ DCYC reported there have been no substantiated allegations that appeared to be criminal were referred for prosecution since August 20, 2012.

115.371 (j)

According to policy “DCYC shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.” This policy fulfills the provisions of this standard. As further evidence of compliance investigative reports were reviewed that demonstrated that investigative reports are maintained.

115.371 (k)

DCYC policy (M.) states “The release of the alleged abuser or victim from the employment or custody of DCYC shall not provide a basis for terminating an investigation.” Investigative staff reaffirmed that an investigation would not be terminated due to a resident being released from DCYC or due to the termination of employment by those involved in the investigation.

115.371 (l)

This provision is not required to be audited.

115.371 (m)

DCYC policy does not address the provisions of this standard nor is policy required per standard. During interviews with DCYC’s Superintendent, PREA Coordinator and facility investigators the practice was supported that the facility would remain informed of the progress of any investigation. This would be accomplished through phone, email or in person with the Douglas County Sheriff’s Office (DCSO). Investigators sited sources of contact within the DCSO demonstrating a rapport between agencies and personnel.

Evidence Replied Upon:

- DCYC Policy 14.29 - Criminal and Administrative Agency Investigations
- DCYC Policy 14.13 - Specialized Training: Investigators
- Provided PREA Questionnaire (PAQ)
- DCYC Investigator Certifications
- PREA Resource Center Training Curriculum – Specialized Investigator Training
- PREA Training Investigator Training Power Point
- Interviews with DCYC Investigators
- MOU with Douglas County Sheriff’s Office (DCSO)
- Documentation Review

Corrective Action: No Corrective Action needed.

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.372 (a)

DCYC policy 14.30- **Evidentiary Standard for Administrative Investigations** states that DCYC imposes that a preponderance of evidence or lower standard of proof is necessary for determining an allegation of sexual abuse or sexual harassment as substantiated. This policy was supported during interviews with the facility's investigators and with DCYC Superintendent. Interviews with investigators and the Superintendent corroborated that the standard of proof in administrative investigations is the preponderance of evidence. It should again be noted that criminal investigations will be performed by the Douglas County Sheriff's Office (DCSO).

Evidence Replied Upon:

DCYC Policy 14.30 - Evidentiary Standard for Administrative Investigations

Provided PREA Questionnaire

Interviews with: DCYC Superintendent and investigators

Corrective Action: No Corrective Action needed.

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

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

115.373 (c)

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.373 (a)

According to DCYC policy 14.31 - **Reporting to Resident/Juveniles** Following an investigation into a Resident/Juvenile's allegation of sexual abuse, DCYC shall inform the Resident/Juvenile as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The facility's Pre-Audit Questionnaire (PAQ) identified two (2) allegations of sexual abuse within the last 12 months. The two allegations involved youth. In these two allegations the residents were informed of the outcome of the investigations and this information / notice was documented in an investigation report. This policy was supported by investigation files as well as copies of PREA Notification of Investigative Finding Report Forms.

115.373 (b)

Policy 14.31 (B.) states that if DCYC did not conduct the investigation, the Superintendent or designee shall request the relevant information from the investigative agency in order to inform the Resident/Juvenile. The agency reported no allegations of sexual abuse that was investigated by an outside agency more specifically the Douglas county Sheriff's Office (DCSO) in the past 12 months. Since no allegation had been investigated by the DCSO there was no supporting documentation addressing outside investigations.

115.373 (c)

Following a Resident's allegation that a staff member has committed sexual abuse against the Resident, policy 14.31 (C.) dictates that DCYC shall subsequently inform the Resident/Juvenile (unless the allegation was deemed unfounded) whenever:

1. The staff member is no longer working within the Resident/Juvenile's unit.
2. The staff member is no longer employed at DCYC.
3. DCYC learns that the staff member has been indicted on a charge related to sexual abuse within the facility.
4. DCYC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The facility reported per the PAQ that there have not been any substantiated or unsubstantiated reports of sexual abuse committed by a staff member, contractor or volunteer against a resident in the facility in the last 12 months. Since no residents were housed at DCYC that alleged sexual abuse by a staff member no interviews were conducted to address this standard.

115.373 (d)

Following a Resident's allegation that he/she were sexually abused by another Resident, policy 14.31 (D.) dictates that DCYC shall subsequently inform the alleged victim whenever:

1. DCYC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
2. DCYC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented.

DCYC reported on their PAQ that there were two allegations of resident on resident sexual abuse within the past 12 months. During the on-site phase of this audit these investigative files were reviewed. In both cases these allegations were determined to be unfounded by Administrative Investigators. Also in both cases the resident reporting the alleged abuse was notified of the outcome of the investigation. These completed PREA Notification of Investigative Findings Report Forms were provided for review. It should be noted that DCYC has changed this form to include date and signatures upon recommendations from the Field Training Audit Conducted in February 2018.

115.373 (e)

Policy 14.31 (E.) states that All such notifications or attempted notifications shall be documented. While on site investigation files for alleged sexual abuse were reviewed. These two notifications were done in person by the Administrative Investigator and documented noting the date with the resident's signature acknowledging receipt of the information. The documentation reviewed corroborates that the facility is documenting all notifications or attempted notifications. Since there were no substantiated allegations of sexual abuse within the past 12 months no further documentation review could be performed.

115.373 (f)

This Standard provision is not required to audited.

Evidence Replied Upon:

DCYC Policy 14.31 - Reporting to Resident/Juveniles
Provided PREA Questionnaire
Numerous PREA Notification of Investigative Findings Report Forms
Investigative Files
Investigative Findings Report – Resident Follow-up

Corrective Action: No Corrective Action needed.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.376 (a)

DCYC policy 14.32 - **Disciplinary Sanctions for Staff** addresses this provision stating "Staff shall be subject to disciplinary sanctions up to and including termination for violating DCYC sexual abuse and sexual harassment policies."

115.376 (b)

DCYC policy 14.32 (B.) addresses this provision stating that "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse."

DCYC reported that there have been no disciplinary actions, including termination taken against any staff member, volunteer or contractor within the past 12 months for violating DCYC policies on sexual abuse and sexual harassment. A selection of staff files was reviewed and confirmed no disciplinary action of this type in the past 12 months.

115.376 (c)

DCYC policy 14.32 (C.) addresses this provision stating that "Disciplinary sanctions for violations of DCYC policies relating to sexual abuse and sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories."

As stated above DCYC reported that there have not been any staff violations of any sexual abuse or sexual harassment related policies in the past 12 months. This stands to reason that there would be no terminations for violations of such policies. Personnel file reviews indicated that there were no disciplinary actions taken against staff for violation of such policies.

115.376 (d)

DCYC policy 14.32 (D.) addresses this provision stating that "All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to relevant licensing bodies or law enforcement agencies, unless the activity was clearly not criminal."

The facility reported that there have been no violations by staff in regard to sexual abuse and sexual harassment policies within the past 12 months therefore no reports were made to relevant licensing bodies or law enforcement. In addition, no documentation of this type would be available for review.

Evidence Replied Upon:

DCYC Policy 14.32 - Disciplinary Sanctions for Staff
Provided PREA Questionnaire
Personnel Files
Interviews with DCYC Superintendent and PREA Coordinator

Corrective Action: No Corrective Action needed

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.377 (a)

DCYC policy 14.33 - *Corrective action for contractors and volunteers* addresses this standard regarding corrective action for contractors and volunteers that violate DCYC PREA policies. Policy 14.33 (A.) prohibits further contact with residents and mandates they be reported to relevant licensing bodies and law enforcement agencies unless the activity was clearly not criminal.

There have been no such occurrences within the past 12 months so no documentation review was able to be completed. Any investigative files from the past 12 months were reviewed and none involved volunteers or contractors.

115.377 (b)

According to policy 14.33 (B.) DCYC shall take appropriate remedial measures, and shall consider whether to prohibit further contact with Resident/Juveniles, in the case of any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer. As stated in provision (a) There have been no such occurrences within the past 12 months so no documentation review was able to be completed. Any investigative files from the past 12 months were reviewed and none involved volunteers or contractors.

Policy was supported by the facility’s Superintendent. During interviews he confirmed that any volunteer or contractor would be restricted from contact with residents if this type of situation was ever to occur.

Evidence Replied Upon:

DCYC Policy 14.33 - Corrective action for contractors and volunteers
Provided PREA Questionnaire
Interviews with DCYC Superintendent and PREA Coordinator

Corrective Action: No Corrective Action needed.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

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

115.378 (b)

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

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

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

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

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

115.378 (f)

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

115.378 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.378 (a)

DCYC policy 14.34 - ***Disciplinary Sanctions for Resident/Juveniles*** (A.1) states that in the event an administrative finding or criminal finding resulted in a Resident/Juvenile engaging in Resident/Juvenile-on Resident/Juvenile sexual abuse. The Resident/Juvenile's discipline would be determined by the hearing committee. This policy and practice supports the standard.

According to the facility's PAQ there have been no reports of an administrative or criminal finding of resident on resident sexual abuse in the past 12 months. Internal investigation reports were reviewed however there were no instances of sanctions being applied for sexual abuse therefore this Auditor was unable to review disciplinary actions of this type.

115.378 (b)

DCYC policy (B.) 14.34 states that any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the Resident/Juvenile's disciplinary history, and the sanctions imposed for comparable offenses by other Resident/Juveniles with similar histories. This policy fulfills the provision of this standard. Policy 14.34 (C.) further states in the event a disciplinary sanction results in the restrictive housing of a Resident/Juvenile, DCYC shall ensure the Resident/Juvenile receives daily educational programming and large muscle group activity. Resident/Juveniles in restrictive housing shall receive daily visits from medical or mental health personnel and have access to other programming to the extent possible. During interviews the Superintendent confirmed that room confinement could be part of potential disciplinary sanctions. It should be noted through interviews and observation that DCYC does not employ segregation or isolation. Instead DCYC utilizes room restriction which allows the resident to stay on the housing unit with constant staff supervision and contact. Residents on room restriction also receive all programming available to other residents along with daily visits from medical and mental health staff. This was verified through interviews with staff and medical /mental health staff.

115.378 (c)

The standards of this provision were met with policy 14.34 (D.) which states the disciplinary process shall consider whether a Resident/Juvenile’s mental disabilities or mental illness contributed to his or her behavior when determining what sanction, if any, should be imposed. There were no previous investigations of this type therefore documentation review could not be completed.

Interviews with the Superintendent verified that the disciplinary process would take into account the residents mental disabilities or mental illness. He further confirmed that mental health would be part of the sanction process.

115.378 (d)

DCYC will refer Resident/Juveniles who engaged in sexual misconduct to on-site mental health personnel. Participation in mental health services is not a condition to access general programming, educational programming, large muscle activity, and other services provided by DCYC, according to policy 14.34 (E). Interviews with DCYC mental health staff confirmed that they would provide crisis intervention and stabilization. Staff stated that “they work on management not so much treatment.” Mental Health staff also confirmed that their services were not required as a condition for residents to access behavior based incentives, programing or education.

115.378 (e)

Provisions of this standard were met with policy 14.34 (F) stating that Disciplining a Resident/Juvenile for sexual contact with an employee/contractor/volunteer is prohibited unless it is found that the staff did not consent to the contact. This policy was also supported by the facility’s PAQ response. There were no investigation files of this type available for review.

115.378 (f)

The provision of this standard is satisfied by policy 14.34 (G) stating a report of sexual misconduct made in good faith by a Resident/Juvenile, based upon reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. DCYC prohibits disciplining a Resident/Juvenile who reported in good faith.

115.378 (g)

DCYC policy 14.34 (H) states DCYC prohibits all sexual activity between Resident/Juveniles and provides consequences for such activity. Sexual activity does not constitute sexual abuse if it is not coerced. In addition, policy details that the PREA Coordinator shall receive copies of all disciplinary reports regarding sexual misconduct for monitoring purposes.

Evidence Replied Upon:

DCYC Policy 14.34 - Disciplinary Sanctions for Resident/Juveniles
Provided PREA Questionnaire
Interviews with DCYC Superintendent, Medical and Mental Health staff

Corrective Action: No Corrective Action needed.



MEDICAL AND MENTAL CARE

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

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.381 (a), 115.381 (b)

Provisions of this standard are covered in policy 14.35 - **Medical and Mental Health Screenings; History of Sexual Abuse**. This policy states that if the Resident/Juvenile's risk assessment (VSAB) indicates that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the Resident/Juvenile shall be offered a follow-up meeting with medical or mental health practitioner within 14 days of the intake screening. Policy also addresses those that have perpetrated sexual abuse in 14.35 (B) stating If the Resident/Juvenile's risk assessment (VSAB) indicates that they have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the Resident/Juvenile shall be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

The Screening of Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) screening tool is use for this purpose. The form is designed in such a way that if a resident answers yes to being sexually abused or having perpetrated sexual abuse or charges indicate such it automatically triggers a referral to mental Health. Provided PAQ indicated that 36 residents had indicated prior victimization. Of these 36 one resident was currently in the facility and available for interview. Upon interviewing this resident, he did confirm that he was offered a meeting with mental health practitioners. He further verified that this follow up meeting took place later that same day due to his 2am arrival at the facility.

Random files of residents who report sexual abuse or having perpetrated such were reviewed. Each file indicated that these residents were identified during screenings and were seen well within the 14 days required by standards, most were seen later that same day or the next. These files were then followed up by reviewing resident's mental health contact notes to ensure continuity. During interviews intake screening staff verified that this practice takes place as well.

Following DCYC's Field Training Audit in 2018 a comprehensive screening tool was developed. This screening tool was provided for review.

115.381 (c)

DCYC policy 14.35 (C) states; Any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health personnel and other staff, as necessary, to inform treatment plans and security and management decisions, including housing and programming assignment. Provisions of this standard were further supported by staff that perform intake screenings. Staff affirmed that the VSAB reports are restricted to just the intake officers, mental health practitioners and supervisors. Medical may have access depending the circumstances and they would need approval.

Interviews with the PREA Coordinator support that only intake staff, supervisors and the medical/mental health team have access. No line staff have access to those records. In addition, the PREA Coordinator states that these records are secured in booking and in an authorized personnel only area. The computer records can only be accessed by those indicated above.

115.381 (d)

According to policy 14.35 (D) medical and mental health personnel shall obtain informed consent from Resident/Juveniles before reporting information about prior sexual victimization that did not occur in an institutional setting unless the Resident/Juvenile is under the age of 19. Interviews with both medical and mental health practitioners confirmed this practice. Documentation of this informed consent is not required as a provision of this standard.

Evidence Replied Upon:

DCYC Policy - 14.35 - Medical and Mental Health Screenings; History of Sexual Abuse

Provided PREA Questionnaire

Screening of Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) Form

State of Nebraska Privacy Act

Auditor Observations

Interviews with DCYC Intake/ Screening Staff, Resident who reported prior sexual abuse, Medical and Mental Health Staff

Corrective Action: No Corrective Action needed.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

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

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.382 (a)

DCYC policy 14.36 - **Access to Emergency Medical and Mental Health Services** states that Resident/Juvenile victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Provisions for this standard were further achieved through interviews with both medical and mental health practitioners. Mental health practitioners interviewed stated that services would be provided in a timely and unimpeded manner. These services would be offered within minutes of a report or notification and would be determined according to her professional judgment. Interviews with medical staff echoed this practice.

115.382 (b)

Policy 14.36 (B.) states that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim, pursuant to Standard 115.362 and shall immediately notify the appropriate medical and mental health practitioners from the medical mental health on call list.

Staff interviews overwhelmingly support this provision and policy. All staff interviewed stated that they would take preliminary steps to protect the resident victim. Staff interviewed were detailed and specific in steps that they would take. Notification of medical and mental health were in these initial steps after they had removed the resident victim to ensure his or her safety.

115.382 (c), 115.382 (d)

Resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. This information and services will be provided by Project Harmony. Policy 14.36 (D) states that all medical and mental health services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from incident.

Evidence Replied Upon:

DCYC Policy - 14.36 - Access to Emergency Medical and Mental Health Services

Provided PREA Questionnaire

Interviews with DCYC Medical and Mental Health Staff

Corrective Action: No Corrective Action needed.

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

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

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

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.383 (a), 115.383 (b), 115.383 (c)

Policy 14.37 - ***Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers*** states that DCYC offers medical and mental health evaluations and appropriate crisis management to all Resident/Juveniles who have been victimized by sexual abuse in any prison, jail, lock-up, or juvenile facility. Since the DCYC is a short term detention center crisis management is the scope of work for mental health services. In addition, the evaluation and treatment of such victims shall include, as appropriate, follow-up services, and when necessary, referrals for continued care following transfer to, or placement in, other facilities or their release from custody.

This policy is further supported by the facilities screening procedure which directs resident victims of sexual abuse to mental health and medical if needed. This procedure was verified by Intake/Screening staff interviews. One interview was conducted with a resident who had reported victimization prior to arriving at DCYC. This resident also substantiated that he received a meeting with mental health within a few hours upon arriving and after disclosing the prior victimization. Since this was a report of prior victimization medical services were not needed. A follow up review of this resident's file as well as mental health contact notes confirm that the facility fulfills the provisions of this standard.

Interviews with mental health staff indicated that they would provide crisis intervention, stabilization and conduct on-going evaluations. On-going evaluations would continue while the resident was in the facility. After that mental health staff can recommend and work with out-patient services. In addition, both medical and mental health staff confirmed that they believed services were consistent with the community level of care.

115.383 (d), 115.383 (e)

Policy 14.37 (C) states Resident/Juvenile victims or sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from incident, such victims shall receive timely and comprehensive information and access to all lawful pregnancy-related medical services. Interviews with medical staff support this provision adding that information and access to lawful pregnancy related services would be immediate up discovery. No instances of this type have been reported so documentation review was not available.

115.383 (f), 115.383 (g)

According to policy 14.37 (D and E) Resident/Juvenile victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Furthermore, treatment services shall be provided to the victim without financial costs and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. This provision was further supported by interviews with medical staff.

115.383 (h)

Provisions of this standard call for a mental health evaluation of know resident on resident abusers with 60 days of learning of such abuse history. Policy 14.37 (F) states that DCYC shall attempt to conduct a mental health assessment of all known Resident/Juvenile-on- Resident/Juvenile abusers within fourteen (14) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Interviews with facility mental health indicated that services would be provided while at DCYC and mental health staff would recommend outside treatment when the resident left the facility. The provision was also supported by the Screening of Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) form. The VSAB is designed in such a way that if a resident answers yes to being sexually abused or having perpetrated sexual abuse or charges indicate such it automatically triggers a referral to Mental Health. This was further supported by Intake/Screening staff interviews.

Evidence Replied Upon:

DCYC Policy - 14.36 - Access to Emergency Medical and Mental Health Services

Provided PREA Questionnaire

VSAB Screening Form

Interviews with DCYC Intake/Screening Staff, Medical and Mental Health Staff, Resident who reported prior victimization

Corrective Action: No Corrective Action needed.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.386 (a), 115.386 (b), 115.386 (c)

DCYC policy 14.38 - **Sexual Abuse Incident Reviews** requires that the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. According to policy such reviews shall occur within 30 days of the conclusion of the investigation and the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Interviews with the superintendent confirmed that the facility does have a sexual abuse incident review team and that the team membership fulfills provisions of this standard. Incident review team records were also appraised and supported that reviews are conducted within the time frame established by policy 14.38 and PREA Standards.

115.386 (d)

Policy 14.38 (A.4) requires that the review team:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- d. Assess the adequacy of staffing levels in that area during different shifts.

- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- f. Prepare a report of its findings, and any recommendations for improvement and submit such report to the Superintendent of Douglas County Youth Center or designee.

Interviews with the Superintendent, PREA Coordinator and Review Team Members confirm that the review team considers all items listed above. It was also noted during one interview that cameras have been added to some areas of the facility as a result of such a review. DCYC has developed and utilizes a detailed sexual abuse and sexual harassment incident review form. That form, incident reporting forms and DCYC investigative reports were provided as supporting documentation.

115.386 (e)

According to policy 14.38 (A.5) the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. The sexual abuse and sexual harassment incident review form includes a section for recommendations. When completed these reviews are forwarded to the Superintendent per policy and PREA Coordinator interview.

Evidence Replied Upon:

- DCYC Policy - 14.38 - Sexual Abuse Incident Reviews
- Provided PREA Questionnaire
- PREA Investigation Files
- DCYC Sexual Abuse and Sexual Harassment Incident Review Form (checklist)
- Interviews with DCYC Superintendent, PREA Coordinator, Review Team Members

Corrective Action: No Corrective Action needed.

Standard 115.387: Data collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.387 (a)

DCYC policy 14.39 - **Data Collection** states that the PREA Coordinator shall collect accurate, uniform data for every allegation of sexual abuse within its facility using the instrument and set definitions set forth by the Survey of Sexual Violence conducted by the Department of Justice. The facility's PREA Coordinator did provide a copy of DCYC's annual DOJ Survey of Sexual Victimization for both years 2017 and 2018. This policy and supporting documentation fulfills the provisions of this standard.

115.387 (b), 115.387 (c)

According to policy 14.39 (B) The PREA Coordinator aggregates the incident-based sexual abuse data annually. As stated above the PREA Coordinator did provide DCYC’s annual DOJ Survey of Sexual Victimization for both years 2017 and 2018 as supporting documentation for this standard. The use of this survey was also corroborated during the PREA Coordinators interview. DCYC does include in their incident data report at a minimum the data necessary to answer all questions from the Survey of Sexual Victimization conducted by the DOJ.

115.387 (d)

According to policy 14.39 (C) the PREA Coordinator shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files and sexual abuse incident reviews. The policy was further supported by the PREA Coordinator’s interview.

115.387 (e)

The provisions of this standard does not apply to DCYC.

115.387 (f)

DCYC’s PREA Coordinator did provide annual DOJ Survey of Sexual Victimization for both years 2017 and 2018 as the standardized instrument for capturing this aggregated data. This was further supported through the PREA Coordinator’s interview.

Evidence Replied Upon:

- DCYC Policy - 14.39 - Data Collection
- DOJ Survey of Sexual Victimization 2017 and 2018
- Provided PREA Questionnaire
- Interviews with DCYC PREA Coordinator

Corrective Action: No Corrective Action needed.

Standard 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.388 (a)

Policy 14.40 (A. 1-3) States that the PREA Coordinator shall review data collected and aggregated pursuant Standard 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. Data reviews should include identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions.

The PAQ indicates that DCYC does collect and aggregate sexual abuse and sexual harassment data. Compliance with this provision was also evident upon reviewing the agency's annual report. Interviews with the PREA Coordinator further supports compliance. The PREA Coordinator also added that policies are also reviewed at the same time the annual report is developed in case changes are needed.

115.388 (b)

According to policy such reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the DCYC's process in addressing sexual abuse. Upon review of the annual report provided it was determined that DCYC does in fact compare current years' data to past data and actions taken.

115.388 (c)

DCYC policy 14.40 (C) states that the annual report shall be approved by the Superintendent and made accessible on its website. After reviewing the annual report, it was verified that the process is to forward it to the Superintendent for his approval and signature. The 2018 and 2019 reports were also witnessed to be on DCYC's website for public viewing.

115.388 (d)

Policy 14.40 (D) allows DCYC to redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility. DCYC must indicate the nature of the material redacted. No redactions were necessary in DCYC's Annual PREA Report.

Evidence Replied Upon:

DCYC Policy - 14.40 - Data Review for Correction Action
Provided PREA Questionnaire
DCYC Annual PREA Report 2018 and 2019
Interviews with DCYC PREA Coordinator

Corrective Action: No Corrective Action needed.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

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

115.389 (c)

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

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.389 (a)

DCYC policy 14.41 - **Data Storage, Publication, and Destruction** states that the PREA Coordinator or designee shall ensure data collected pursuant to Standard 115.387 are securely retained. All data is secured in a locked filing room with limited access to administrative personnel. The PREA Coordinator verified this during interviews stating that he was responsible for securing such data.

115.389 (b), 115.389 (c)

Facility policy addresses that the PREA Coordinator or designee shall make all aggregated data available on the facility's website annually after removing all personal identifiers. This Auditor observed DCYC's website which posts aggregated sexual abuse data annually. The annual reports contained no personal identifiers. At the time of this audit both 2018 and 2019 data was available on DCYC's website.

115.389 (d)

Policy does state that the PREA Coordinator or designee shall maintain sexual abuse data for at least 10 years after the date of its initial collection. The PREA Coordinator did confirm this practice during his interview.

Evidence Replied Upon:

DCYC Policy - 14.41 - Data Storage, Publication, and Destruction

Provided PREA Questionnaire

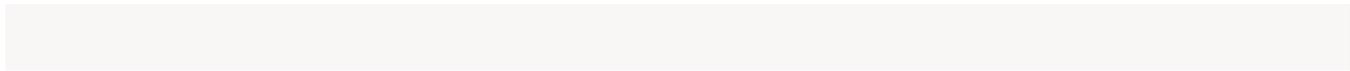
DCYC Annual PREA Report 2018 and 2019

Interviews with DCYC PREA Coordinator

DCYC Website

Auditor Observation

Corrective Action: No Corrective Action needed.



AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.401 (a), 115.401 (b)

The Douglas County Youth Center (DCYC) has not undergone a previous PREA Audit. DCYC is a stand-alone facility and does not operate any other facilities. DCYC also does not contract with any private organization for the confinement of their residents.

115.401 (h), 115.401 (i)

This Auditor was provided full access to and the ability to observe all areas of the facility as well as its operations. This Auditor was also permitted to request and receive copies of any relevant documents. If materials were not provided prior to the on-site phase they were reviewed while on-site.

115.401 (m)

Private interviews with residents were permitted. Resident interviews occurred in the same location as attorney visits.

115.401 (n)

Residents were permitted to send confidential information or correspondence to this Auditor. This was verified in interviews with residents when they acknowledge my Audit announcement postings and contact information.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

There has been no Final Audit Report issued to the Douglas County Youth Center (DCYC) in the past three (3) years. This agency operates a single facility that has not previously undergone an actual PREA audit. DCYC underwent a Field Training Audit in February of 2018 however; this is being viewed as a training exercise and not an actual audit.

Corrective Action: No Corrective Action needed.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Chris Harrifeld

March 16, 2020

Auditor Signature

Date

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

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