

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS AND JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of Facility: Platte County Detention Facility			
Physical Address: 1125 east 17 th Street, Columbus, NE 68601			
Date Report Submitted: September 6, 2016			
Auditor Information			
Address: 301 Centennial Mall South, Lincoln, NE 68509			
Email: Chris.Harrifeld@nebraska.gov or chris.harrifeld@yahoo.com			
Telephone Number: 402-471-3133			
Date of Facility Visit: April 4-8, 2016			
Facility Information			
Facility Mailing: <i>Address (if different from above)</i>			
Telephone Number: 402-563-4274			
The facility is:	Military	<input checked="" type="checkbox"/> County	Federal
	Private for Profit	Municipal	State
	Private not for Profit		
Facility Type:	<input checked="" type="checkbox"/> Jail	Prison	
Name of PREA Compliance Manager: Dave Westfall		Title: Staff Sergeant	
Email Address: detention8@plattene.us		Telephone Number: 402-563-4274	
Agency Information			
Name of Agency: Platte County Detention Facility			
Governing authority or parent agency: Platte County Sheriff's Office <i>(if applicable)</i>			
Physical Address: 2610 14 th Street, Columbus, NE 68601			
Mailing Address: <i>(if different from above)</i>			
Telephone Number: 402-564-9077			
Agency Chief Executive Officer:			
Name: Ted Pockwierz		Title: Director	
Email Address: corrdirector@plattene.us		Telephone Number: 402-563-4274	
Agency Wide PREA Coordinator:			
Name: Dave Westfall		Title: Staff Sergeant	
Email Address: detentionr8@plattene.us		Telephone Number: 402-563-4274	

AUDIT FINDINGS

NARRATIVE:

Pre-Audit activity began approximately thirty (30) days prior to the on-site audit. Pre-audit activities consisted of reviewing the facility questionnaire with supplied documentation and working with the facility's PREA Coordinator to clarify provided data. The Platte County Corrections Facility's PREA Audit was conducted April 4-8, 2016. During this time period the average inmate population was 72. There are currently 38 staff members employed by the facility. Actions taken during this time period consisted of a facility tour, additional documentation review, witnessing staff procedures, conducting inmate, staff and contractor/volunteer interviews. Since the on-site facility audit additional information has been requested and received from the facility to clarify any outstanding questions. Further review of data gathered during pre-audit, audit and post audit phases has occurred resulting in this Auditor's Summary Report.

After the initial summary report was submitted on May 10, 2016 the agency and the Auditor began to collaborate on a corrective action plan. On August 18, 2016 final supporting documentation along with revised policies and procedures were submitted by the Platte County Corrections Facility for review and evaluation. These submitted policies and procedures along with other supporting documentation have allowed the Platte County Corrections Facility to become fully compliant with PREA Standards.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Platte County Corrections Facility is located in Columbus Nebraska. The agency consists of one adult detention facility with a designed capacity of 145 inmates. The population is made up of both female and male inmates with the average length of stay being approximately sixteen (16) days. The facility houses inmates at custody levels of minimum, medium and maximum security. In addition to county inmates the Platte County Corrections Facility contracts with the Nebraska Department of Correctional Services (NDCS) for the detention of inmates in the custody of the State of Nebraska.

The Platte County Corrections Facility operates with oversight from the Platte County Sheriff's Office however the two agencies operate independently. Lieutenant Ted Pocwierz is the Director for the Platte County Corrections Facility and oversees the day-to-day operation. Since this agency operates one stand-alone facility Staff Sergeant Dave Westfall operates as both the PREA Coordinator and PREA Manager. Staff Sergeant Dave Westfall reports directly to Director Pocwierz.

The Platte County Corrections Facility has an on-site medical and mental health services contract with Advanced Correctional Health Care. Any emergency medical services or forensic medical exam services will be referred to the Columbus Community Hospital located locally in Columbus Nebraska.

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

SUMMARY OF AUDIT FINDINGS: From April 4-8, 2016 an on-site audit was conducted at the Platte County Corrections Facility in Columbus Nebraska. The results for the Initial Summary Report and Final Summary Report are indicated below. For the Standards not met during the Initial Summary Report they mostly consisted of policy issues and investigative responsibilities. Inmates housed at this facility stated during interviews that they did feel safe and believed staff would do what was necessary to protect them.

Initial Summary Report

Final Summary Report

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

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.11 (a)

Agency policy #7-3 declares that the facility has a zero tolerance policy towards all forms of sexual abuse and harassment. Policy also outlines the agency’s approach to combating sexual harassment and abuse. Policy #6-11 addresses the disciplinary process for staff, volunteers/contractors and inmates.

115.11 (b)

SSGT. Dave Westfall has been appointed as the agency’s PREA Coordinator. SSGT. Westfall oversees all aspects and efforts to comply with PREA Standards. His duties and responsibilities are also laid out in policy #7-3. Through interviews as well as document review it was evident that SSGT. Westfall has both sufficient time and authority to develop, implement and oversee PREA compliance efforts. The PREA Coordinator reports to agency director Ted Pocwierz.

115.11 (c)

Non-applicable

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.12 (a) & 115.12 (b)

The Platte County Detention Facility does not contract with private agencies or other entities for the confinement of Platte County inmates. The agency does however have in place policy #7-3 (C) stating that the Platte County Detention Facility will ensure any other agency they may choose to confine inmates at will have PREA policy in place and that the other agency complies with these standards

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance

115.13 (d)

The agency has implemented a policy (#7-4) and practice of having Sergeants conduct and document unannounced rounds to identify and deter staff sexual abuse and harassment. This policy and practice covers both shifts. Documentation and interviews also support this policy and practice.

Policy #7-4 also prohibits staff from alerting other staff members that these rounds are occurring.

Non-Compliance Issues

115.13 (a)

A staffing plan was provided but it failed to supply any type of detail, specifically staffing minimums and permanent or set posts. The staffing plan notes "normal day" operating numbers but no minimum staffing level was given. The facility needs to develop a more adequate staffing plan.

115.13 (b) & 115.13 (c)

Documentation and interviews state that no deviations from the staffing plan has occurred and that overtime is authorized in the event of staff shortages; however staff shortages are hard to judge when no minimum staff number has been set to trigger this overtime. The agency does complete an annual review however with the staffing plan as it stands inadequate or incomplete information is being reviewed. The facility needs to develop a more adequate staffing plan.

Corrective Action Period:

115.13 (a)

The agency staffing plan is designed around a minimum number of staff (9) per shift. A suitable representation of both female and male staff is figured into this staffing plan which is also required by state standards. If needed the agency will utilize overtime or hold staff over to maintain that minimum level.

115.13(b)

No deviation from the revised staffing plan has occurred that would require documentation. Facility Administrators were reminded that documentation is required for any deviation. The agency uses overtime or the practice of holding staff over to maintain minimum staffing.

115.13(c)

The facility does complete an annual review. The next annual review will be conducted using the revised staffing plan.

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

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.14 (a)-(c)

Agency policy states that no juvenile will be held in the Platte County Detention Facility. If juvenile secure housing is needed the Northeast Nebraska Juvenile Services facility in Madison Nebraska will be utilized. This was supported by interviews and provided documentation showing juveniles are housed elsewhere.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.15 (a) – (c)

Agency policy #3-4 (H-1) states that cross-gender searches of any kind are not permitted. Cross-gender pat searches are allowed under emergency circumstances. Any cross-gender pat search conducted under emergency circumstances will be documented. No instances have occurred in part due to female staffing numbers.

According to both staff and inmate interviews female inmates are not restricted from programming or out-of-cell opportunities due to the agency's ability to search female inmates.

115.15 (d)

The Platte County Detention Facility has policy #3-4 (F) in place enabling inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. The facility's design also lends to this practice. Policy #3-4 (F) also calls for staff of the opposite gender to announce their presence when entering a housing unit. This standard was overwhelmingly supported by both staff and inmate interviews.

115.15 (e)

Agency policy #3-4 (C-6) fully supports standard in regard to the facility not searching or physically examining a transgender or intersex inmate for the sole purpose of determining an inmate's genital status. If unknown it may be determined through conversation, by reviewing medical records or if necessary as part of a broader medical exam by medical staff.

115.15 (f)

All security staff has received training within the last year on how to conduct cross-gender pat searches and searches of transgender and intersex inmates. The training curriculum was provided by the PREA Resource Center. Training was supported by staff interviews and training documentation.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.16 (a) & 115.16 (b)

The agency has taken appropriate steps to ensure inmates with disabilities and limited English proficiency have an equal opportunity to participate in agency's efforts to combat sexual assault and harassment. The Platte County Detention Center has trained staff on these appropriate steps. The agency further supports this standard with policy #3-4 along with written materials in alternate languages as well as audio recordings of this same material for those who cannot read.

The Platte County Detention Center has a current contract with Affordable Language Services for interpreting services. A copy of this contract was provided during the audit.

Documentation, contracts, interviews and training logs support this standard.

115.16 (c)

The Platte County Detention Center has policy #3-4 (E) which prohibits the use of inmate interpreters, inmate readers and other types of inmate assistance with PREA related incidents unless under emergency type situations. Interviews and agency contract with interpreter service supports this standard.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.17 (a) & 115.17 (b)

Policy #3-4 (J-1) address that the agency will not hire, promote anyone or enlist the services of any contractor who may have contact with inmates who:

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

PH
ST Has been civilly or administratively adjudicated to have engaged in the activity described in the above sections section.

Furthermore policy #3-4 (J-2) supports standards whereas the agency considers any incident of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor who may have contact with inmates.

The facility provided documentation showing a blanket background check on all staff, volunteers and contractors at the agency's inception of PREA. This standard was also supported by staff interviews.

115.17 (c) & 115.17 (d)

The agency according to policy #3-4 (J-3) will make its best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or resignations during a pending investigation of such. Policy #3-4 (J-4) and background check documentation supports that the facility performs criminal background checks on all contractors who may have contact with inmates before enlisting their services.

115.17 (g)

Policy #3-4 (J-8) addresses that material omission regarding such misconduct or the provision of materially false information shall be grounds for termination.

115.17 (h)

According to policy #3-4 (J-9) unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Non-Compliance Issues:

115.17 (e)

The agency includes in policy #3-4 (J-5) that back ground checks on current employees and contractors are either conducted every five years or there is a system in place to otherwise capture such information. The facility has not passed the five year mark for background checks however the process used should be clear. It should either be a five year check or another system. If it is another system what does that system consist of and how does it work? The facility needs to declare one or the other, place that in policy and follow that practice.

115.17 (f)

Policy #3-4 (J-6) supports that written applications and /or interviews for hiring or promotions are asked about previous misconduct covered in this standard as well as during interviews or written self-evaluations conducted as part of reviews with current employees. During audit interviews it was revealed that this process does not occur with current employees. The facility needs to adopt this as an annual practice perhaps as part of an annual employee review. Policy #3-4 (J-7) supports that the agency imposes on its current employees a continuing affirmative duty to disclose any misconduct related to this standard.

Corrective Action Period:

115.17(e)

Policy #3-4 (J-5) has been revised and agency practice changed. Currently all staff and contractors have criminal background checks conducted thirty (30) days prior to their five (5) year anniversary. These background checks are conducted by the PREA Coordinator.

115.17 (f)

Policy #3-4 (J-6) and agency practice have been revised. Revisions now call for the agency to include this line a questioning in hiring and promotion boards as well as part of the current employee's annual review.

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

§115.18	Upgrades to facilities and technology.
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- X Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.18 (a)

The agency has not designed, acquired any new facility or modified its existing facility since August 20, 2012 therefore this standard is non-applicable.

115.18 (b)

The facility recently finished upgrading its video system. There were no meeting minutes available referencing the installation and updated monitoring technology however the updated equipment and interviews support this standard. The video monitoring system was updated as a proactive PREA compliance measure.

The facility exceeds requirement of standard.

§115.21**Evidence protocol and forensic medical examinations.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:**115.21 (c)**

Agency policy states that all victims of sexual abuse will be offered access to forensic medical examinations without financial cost to the victim. These examinations will be performed by SAFE or SANE certified staff at the local hospital. This standard is also supported by PREA Coordinator and medical staff interviews.

115.21 (d) & 115.21 (e)

A victim advocate will be made available according to agency policy to accompany the victim through the forensic medical exam process. The department has an existing Memorandum of Agreement (MOA) with the Victims Assistance Office of Platte and Colfax Counties. Policy, interviews and supporting documentation in the form of MOA support this standard.

Non-Compliance Issues:**115.21 (a) 115.21 (b) & 115.21 (f)**

Agency policy #6-10 covering PREA investigations, provided documentation and interviews were unclear on who performs investigations in the facility. Interviews indicated that all sexual abuse and harassment investigations would be forwarded to the Platte County Sheriff's Department. If investigations are forwarded to the Sheriff's Department or other outside law enforcement agency then that agency would be responsible for the evidence protocol. Policy uses the term "Platte County" but does not distinguish between Platte County Detention or Sheriff's Department. Policy needs to clarify who is responsible for investigations.

Corrective Action Period:**115.21 (a)**

Agency policy #6-10 has been revised to clarify who is responsible for both administrative and criminal investigations. Investigators from the Platte County Sheriff's Department will assume all investigation responsibilities that involve sexual assault and sexual harassment.

115.21 (b)

Investigators from the Platte County Sheriff's Department will assume all investigation responsibilities that involve sexual assault and sexual harassment therefore this standard is non-applicable.

115.21 (f)

Platte County Sheriff's Department investigators receive specialized investigator training in regards to PREA standards requirements.

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

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.22 (a)

Policy #6-10 calls for an investigation to be completed. This is supported by interviews and investigation documentation reviewed on-site showing completed investigations.

Non-Compliance Issues:

115.22 (b) & 115.22 (c)

Interviews indicated that as a practice all investigations are referred to the Platte County Sheriff's Department. Policy is unclear about this, not differentiating between the Platte County Detention Facility and the Platte County Sheriff's Department. Policy should be revised to clarify this.

Corrective Action Period:

115.22 (b) & 115.22 (c)

Agency policy #6-10 has been revised to clarify who is responsible for both administrative and criminal investigations. Investigators from the Platte County Sheriff's Department will assume all investigation responsibilities that involve sexual assault and harassment. If agency staff members are alleged then the investigation will be forwarded to the Nebraska State Attorney General's Office for assignment to the Nebraska State Patrol. The agency has since published this information to their website.

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

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.31 (a)

Policy #6-8, interviews, NIC developed training curriculum (Power Point) and documentation supports all employees that may have contact with inmates are trained in accordance with standards.

115.31 (b)

This facility is a Male/Female facility. Staff is expected to work with and interact with both male/female inmates. Such training is tailored to the gender of inmates housed at this facility.

115.31 (c) & 115.31 (d)

According to policy #6-8 (A 1-10) the facility trains all employees on how to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures. All current staff members have received this training. Policy #6-8 (A-11) states that any newly hired staff will be trained within one year of their employment. In addition this policy also calls for all staff to receive refresher training every two (2) years. The agency also has staff read and sign off on the Platte County Detention Center PREA Policy yearly.

The agency maintains written documentation showing employee signatures verifying that employees understand the training they have received.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.32 (a)-(c)

Facility policy #6-8 (B), provided documentation and interviews support that:

- Contractors and volunteers are trained on their responsibilities under the agency’s policy and procedure.
- All contractors and volunteers are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
- The agency maintains documentation confirming that contractors and volunteers understand the training they have received.

Agency provided signed contractor/volunteer training acknowledgment forms during audit.

The facility has demonstrated full compliance with this standard.

§115.33	Inmate education.
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.33 (a) & (b)

Facility policy #6-8 (C-1) along with interviews and observed practices support that inmates receive training initially at intake/booking. The PREA Coordinator meets with inmates prior to 30 days and performs a more comprehensive training. During this time inmates receive the "Offenders Guide" which covers inmate's rights, how to report and the facilities procedures for handling incidents.

115.33 (c)

At the time of the on-site audit all inmates had received initial training and no inmate had gone over the 30 day timeline for more comprehensive training. All inmates that transfer to this facility receive initial training upon intake as any new arrival. This standard is supported by policy #6-8 (C-3) as well as formal staff interviews and informal interviews with Nebraska Department of Corrections inmates.

115.33 (d)

According to policy #6-8 (C-4) the agency provides inmate education in formats accessible to all inmates, including those who are LEP, deaf, visually impaired, or otherwise disabled as well as inmates who have limited reading skills. Documentation and an existing contract with an interpreter service were provided demonstrating compliance.

115.33 (f)

The agency ensures key information is continuously available by providing inmate handbooks, other documentation such as the "Offender Guide" and a video loop that constantly runs on a PREA dedicated television in each housing unit. The inmate phone system also has an automatic PREA prompt announcement before an inmate makes a telephone call.

Non-Compliance Issues:

115.33 (e)

The facility is maintaining written documentation for the more comprehensive 30 day training; however they failed to obtain documentation of inmate participation in the initial training received during intake. The facility needs to adopt the practice of obtaining initial participation documentation and maintaining it.

Corrective Action Period:

The facility has adopted the procedure of having inmates sign booking documentation acknowledging they have received initial PREA training and accompanying documentation. The facility maintains documentation of this initial educational session.

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

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

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

Does Not Meet Standard (requires corrective action)

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

Non-Compliance Issues:

115.34 (a)-(c)

As referred to in Standard 115.21 in is unclear through interviews and policy whether facility staff conducts investigations or whether they are referred to outside agencies. Policy and practice needs to be consistent. If facility staff is tasked with investigations then specialized investigation training needs to occur.

Corrective Action Period:

115.34 (a)-(c)

Agency policy #6-10 has been revised to clarify who is responsible for both administrative and criminal investigations. Investigators from the Platte County Sheriff's Department will assume all investigation responsibilities that involve sexual assault and sexual harassment. In addition the Platte County Sheriff's Department investigators receive specialized investigator training in regards to PREA standards requirements.

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

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.35 (a) & 115.34 (c)

The Platte County Detention Facility ensures through policy #6-8 (D) that medical and mental health staff has been trained in:

- How to detect and assess signs of sexual abuse
- How to preserve physical evidence of sexual abuse
- How to respond effectively and professionally to victims of sexual abuse
- How and to whom to report allegations or suspicions of sexual abuse

In addition contract medical staff receives additional PREA training through Advance Correctional Health Care. The Platte County Detention Facility maintains documentation that medical and mental health practitioners have received this specialized training.

115.34 (b)

Contract medical staff at this facility does not perform forensic medical examinations. The agency instead relies on the local Columbus Community Hospital for forensic medical exam services.

115.34 (d)

Medical practitioners receive the same training as facility staff according to interviews and training logs. In addition contract medical staff receives additional PREA training through Advance Correctional Health Care.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.41 (a) & (b)

All inmates are assessed during an intake screening. This intake screening takes place well within the required 72 hour time frame. Intake screenings usually takes place immediately during the booking process. This standard is supported by policy #6-7 (A-1) and overwhelmingly by inmate interview results. Staff interviews as well as screening tool also support this standard.

115.41 (c)-(e)

The agency completes such assessments using an objective screening instrument. The screening instrument was provided during audit. This screening considers at a minimum the following criteria to assess inmates for risk of sexual victimization:

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

Agency policy #6-7 (A-1d), facility practice and provided screening instrument along with staff interviews support this standard.

115.41 (f) & (g)

Inmates receive classification reviews within 30 days. Policy #6-7 (A-1f) states that an inmate's risk level will be reassessed when warranted due to the following:

- Referrals
- Requests
- Incidents of sexual abuse
- Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

115.41 (h)

Agency policy #6-7 (A-1g) does not allow for an inmate to be disciplined for refusing to answer or for not disclosing complete information in response to screening questions asked pursuant to paragraphs (d) 1, (d) 7, (d) 8 or (d) 9 of standard 115.41

115.41 (i)

Platte County Detention Facility policy as well as interviews support that appropriate controls are in place to control the dissemination of sensitive information received during the screening process.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.42 (a)

According to policy #6-7 (C) the agency uses information from the risk screening to make housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. This was supported by interviews and provided documentation.

115.42 (b)

The agency, specifically the Shift Supervisors make individualized determinations about how to ensure the safety of each inmate.

115.42 (c)

Transgender and intersex inmate's initial classification is taken on a case-by-case basis by the booking officer to insure the inmate's health and safety.

115.42 (d) & (e)

According to policy #6-7 (C-3a) and interviews placement and programming assignments for each transgender and intersex inmate will be reassessed every forty five (45) days. This is well within the twice yearly required by standards. No documentation of reassessment exists because a reassessment has not been needed. Policy #6-7 (C-3b) and interviews support that transgender and intersex inmates own views with respect to safety shall be given serious consideration.

115.42 (f)

Policy #6-7 (C-4), interviews and facility design support that transgender and intersex inmates will be given the opportunity to shower separately from other inmates.

115.42 (g)

Platte County Detention Facility policy #6-7 (C-5) states that lesbian, gay, bisexual, transgender, or intersex inmates are not placed in particular facilities, units, or wings solely on the basis of such identification or status unless pursuant to a legal settlement or judgement. This is supported by interviews with the PREA Coordinator.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.43 (a)

According to policy #6-4 (l) inmates at high risk for sexual victimization may be placed in segregated housing only as a last resort and then only until an alternative means of separation from likely abusers can be arranged. If the facility cannot conduct an assessment immediately they may hold the inmate in involuntary segregation for under twenty four (24) hours while completing an assessment.

115.43 (b)

Inmates placed in segregated housing for this purpose according to policy #6-4 (l-c) shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

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

Policy and informal interviews support this however no instances have occurred within the past 12 months.

115.43 (c) & (d)

Policy #6-4 (l-d) and interviews support that the facility will only assign inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. According to policy this should not ordinarily exceed 30 days.

Policy #6-4 (l-e) addresses that if an involuntary segregated housing assignment is made pursuant to standard 115.43(a) the facility shall clearly document:

- The basis for the facility’s concern for the inmate’s safety; and
- The reason why no alternative means of separation can be arranged.

There have been no incidents of this type in the last 12 months so other types of supporting documentation do not exist.

115.43 (e)

If an inmate is placed in segregated housing policy #6-4 (I-f) states that every 30 days the facility will afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.51 (a)

The facility provides multiple internal ways for inmates to report easily, privately, and securely incidents of sexual abuse, retaliation by other inmates or staff for reporting sexual abuse, and staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse. These reporting options include but are not limited to reporting directly to staff, utilizing the housing unit phone system that has a PREA prompt built in. This prompt will automatically contact the PREA coordinator and outside local Platte County Victims Assistance Office. Other options for reporting include contacting the sheriff’s department directly and writing an inmate request form. These reporting options are supported by policy, documentation and interviews.

115.51 (b)

Policy #6-5 (A-1) states that the facility provides at least one way for inmates to report the abuse to an outside public or private entity or office not part of Platte County and that is able to receive reports and forward reports to agency officials, allowing the inmate to remain anonymous upon request.

In addition the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides such access by giving inmates the telephone numbers, including toll-free hotline numbers, of local, State, and national victim advocacy or rape crisis organizations and enabling reasonable communication between inmates and these organizations. The facility has an MOU with the Platte County Victims Assistance Office.

Policy #6-5 (A-1) also states that inmates detained solely for civil immigration purposes may contact officials at the Department of Homeland Security – Community and Detainee Hotline. The number is provided.

115.51 (c)

Policy #6-5 (A-1a) states that staff accepts reports made verbally, in writing, anonymously, and from third parties and immediately puts into writing any verbal reports. Staff is required to do so no later than the end of their shift. This standard is supported by policy and staff as well as inmate interviews. Reporting to staff members is also addressed in the inmate PREA orientation materials.

115.51 (d)

During interviews staff demonstrated that they had the ability to privately report sexual abuse and harassment of inmates. This is further supported by policy #6-5 (A-2c) that states the facility will allow staff to privately report sexual abuse and sexual harassment of inmates. This may be done by breaking the chain of command and reporting directly to the Jail Administrator or PREA Coordinator.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.52 (a)

The Platte County Detention Facility has an administrative procedure in place to address inmate emergency grievances regarding sexual abuse.

115.52 (b) & (c)

The agency per policy #6-5 (A-1) states there will be no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The agency also does not require the inmate to use any informal grievance process or otherwise attempt to resolve with staff an alleged incident of sexual abuse.

Policy also addresses ensuring that:

- ☐ An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.
- ☐ Such grievances are not referred to a staff member who is the subject of the complaint.

115.52 (d) & (g)

Policy #6-5 (A-2) states that the following procedure will take place with emergency grievances concerning sexual abuse:

- ☐ The agency issues 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 inmates in preparing any administrative appeal.
- ☐ The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made.
- ☐ At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.

This standard is supported by documentation (grievance) and existing policy. The inmate who reported incident was no longer at facility and unavailable for interview.

Policy #6-5 (A-2) also addresses that the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

115.52 (e)

Policy #6-5 (A-3) addresses rules for third party reporting. The agency's policy on third party reporting is as follows:

- ☐ Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.
- ☐ If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
- ☐ If the inmate declines to have the request processed on his or her behalf, Platte County Detention Facility shall document the inmate's decision.

No documented examples of third party reporting were available for review. No third party reports have been made in the past 12 months.

115.52 (f)

Policy #6-4 (H) covers Emergency Grievances Alleging Substantial Risk of Imminent Sexual Abuse. This policy supports all aspects of this standard. No incidents of this type have occurred within the last 12 months.

The facility has demonstrated full compliance with this standard.

§115.53	Inmate access to outside confidential support services.
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X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.53 (a) & (b)

Facility policy #6-4 (D-1), #6-4 (D-2b) and interviews support that the facility:

- Provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State or national victim advocacy or rape crisis organizations and for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible.
- Informs inmates, 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.

115.53 (c)

Policy supports this standard as well as an MOU between the Victims Assistance Office and a contract with Advance Correctional Health Care for a licensed mental health practitioner for confidential emotional support services related to sexual abuse.

The facility exceeds requirement of standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.54 (a)

The Platte County Detention Facility addresses third party reporting on its website and provides contact information for reporting purposes.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.61 (a)

Policy #6-4 calls for any staff member who has any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment or any retaliation against inmates or staff stemming from this type of incident to report such information immediately. Staff is also required to report immediately any staff neglect that may have contributed to such incident or retaliation. This policy as well as staff interviews support this standard.

115.61 (b)

Staff interviews and policy #6-4 (A-b2) support that apart from reporting to designated supervisors or officials staff shall not reveal any information related to a sexual abuse report to anyone except as specified by Platte County Detention Facility policy.

115.61 (c)

The Platte County Detention Facility’s medical and mental health staff according to policy #6-4 (A-5) will report to the PREA Coordinator and Facility Director any reported information or suspicion of an incident of sexual abuse or sexual harassment that occurs in the facility or any other facility. There have been no instances of this in the past 12 months for documentation review, however it is supported by facility medical and mental health interviews.

115.61 (d) & (e)

No one under 18 years of age is held in this facility. According to policy #6-5 staff members are required to report any instance of sexual abuse or harassment no matter how they receive the information. In addition the PREA Coordinator will report to the Administrator all allegations of sexual abuse and harassment including third party and anonymous reports. Through interviews it was determined that the PREA Coordinator also has the authority to report incidents directly to law enforcement.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.62 (a)

Policy #6-4 (B-1) addresses the Platte County Detention Facility's protection duties, more specifically when staff learns that an inmate/detainee is subject to substantial risk of imminent sexual abuse, the staff will immediately take steps to protect the inmate/detainee. All staff interviews indicate that the facility's duty to protect is well known and understood.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.63 (a), (b) & (c)

Policy #6-4 (C-1) addresses that when the facility receives an allegation that an inmate was sexually abused or witnessed a sexual abuse while confined at another facility, the Platte County Detention Facility administrator will notify the head of the facility where the alleged abuse occurred. This notification per Policy #6-4 (C-2) will be made as soon as possible, but no later than 72 hours after receiving the allegation. The Platte County Detention Facility's PREA Coordinator per Policy #6-4 (C-3) documents both the allegation and notifications. The PREA Coordinator will maintain this documentation. No instances have occurred in the past 12 months for documentation review.

115.63 (d)

Per policy #6-4 (C-4) when the PREA Coordinator receives such a notification he/she will to the best of their ability ensure that the allegations are investigated at the facility where the alleged abuse occurred according to PREA Standards.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.64 (a)

The agency has first responder policy #6-4 (D 1-4) in place for allegations of sexual abuse. The policy covers all aspects required in standard. There have been no incidents in the past 12 months; however random staff interviews support this standard.

Non-Compliance Issues:

115.64 (b)

Platte County Detention Facility policy does not address that if the first staff 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. The facility needs to develop policy and procedure to comply with this standard.

Corrective Action Period:

115.64 (b)

The Platte County Detention Center has revised policy #6-9 (E) to reflect this standard.

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

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.65 (a)

The facility’s plan is detailed in the facility’s PREA policy and procedure. The plan was developed to coordinate actions taken in response to an incident of sexual abuse. This plan is broken down into responsibilities for investigators, medical, first responders and PREA coordinator.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.66 (a)

Per County government policy the Platte County Detention Facility has the authority to suspend employees pending the outcome of an investigation. This was confirmed through informal interviews with the facility Administrator, PREA Coordinator and staff disciplinary policy.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.67 (a) & (b)

The facility has developed detailed policies on retaliation, specifically policies #6-9 (G & I). The agency employs multiple protection measures including classification changes, housing changes including protective custody, transfers and emotional support service. These measures are also supported by mental health service contracts and interviews that were conducted.

115.67 (c) - (e)

Policy #6-9 (I) addresses the monitoring of retaliation for at least 90 days for both staff and inmate. Policy lays out items to be monitored that may show retaliation against inmates as well as staff. The PREA Coordinator will follow up with victims at least weekly according to policy and interviews. This monitoring extends to any other individual who cooperates with an investigation also.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.68 (a)

Facility policy #6-9 (H) addresses that any use of segregated housing to protect an inmate which is alleged to have suffered sexual abuse is subject to the requirements of protective custody covered in policy #7-4 and standard 115.43.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Non-Compliance Issues:

115.71 (a)- (l)

As cited in 115.21 and 115.22 agency policy #6-10 covering PREA investigations, provided documentation and interviews were unclear on who performs investigations in the facility. Interviews

indicated that all sexual abuse and harassment investigations would be forwarded to the Platte County Sheriff's Department. If investigations are forwarded to the Sheriff's Department or other outside law enforcement agency the responsibilities of this standard would fall on that agency. The Platte County Detention Facility policy does not distinguish between The Platte County Detention Facility and Sheriff's Department. Policy needs to clarify who is responsible for investigations.

Corrective Action Period:

115.71 (a) & 115.71 (b)

The Platte County Detention Facility is not responsible for conducting any form of criminal or administrative sexual abuse and sexual harassment investigations. Referrals will be made to trained investigators with either to the Platte County Sheriff's Department or the Nebraska State Patrol through the States Attorney General's Office. Policy #6-10, documentation and interviews support this standard.

115.71 (c)

Policy #6-10 covers investigative measures. As stated above investigations of this type will be referred to investigators either with the Platte County Sheriff's Department or the Nebraska State Patrol.

115.71 (d) and 115.71 (e)

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

115.71 (f)

An administrative investigation will be completed in addition to any outside law enforcement investigation to determine if staff actions or failures to act contributed to the abuse. This is supported by policy #6-10.

115.71(g)

Criminal investigations according to policy #6-10 will be documented in a written report that contains a thorough description of physical, testimonial, documentary evidence and copies will be attached to all documentary evidence where feasible.

Investigation documentation provided by the investigating agency was reviewed to further support this standard. The agency (PREA Manager) maintains relevant investigation documentation

115.71 (h) and 115.71 (i)

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

115.71 (j)

According to policy #6-10 (C) the departure of the alleged abuser or victim from employment or control of the facility shall not provide a basis for terminating the investigation.

115.71 (l)

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

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

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

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

Does Not Meet Standard (requires corrective action)

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

Non-Compliance Issues:

115.72 (a)

Policy addresses evidentiary standard however as cited in 115.21 and 115.22 agency policy #6-10 covering PREA investigations, provided documentation and interviews were unclear on who performs investigations in the facility. Interviews indicated that all sexual abuse and harassment investigations would be forwarded to the Platte County Sheriff's Department. Policy needs to clarify who is responsible for investigations.

Corrective Action Period:

115.72 (a)

Policy addresses evidentiary standard by stating that the facility shall impose no standard higher than a preponderance of evidence in determining whether allegation of sexual abuse or sexual harassment are substantiated in administrative investigations conducted by an outside agency. This policy was also revised to clarify who is responsible for both administrative and criminal investigations. Investigators from the Platte County Sheriff's Department will assume all investigation responsibilities that involve sexual assault and sexual harassment.

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

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.73 (a)

Following an investigation into an inmate's allegation that he or she suffered sexual abuse in the Platte County Detention Facility, the PREA Coordinator shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Standard is supported by policy #6-10 (E), documentation and interviews.

115.73 (b)

If the Platte County Detention Facility did not conduct the investigation the PREA Coordinator or Jail Administrator will request that the investigating agency follow the requirements of this standard. Interviews and investigative documentation supports this standard.

115.73 (c)

Policy #6-10 (G) states that following an inmate's allegation that a staff member has committed sexual abuse against him or her, the PREA Coordinator shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the inmate's pod;
- The staff member is no longer employed at the facility;
- The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.73(d) and 115.73 (e)

Policy #6-10 (H 1-2) states that following an inmate's allegation that he or she has been sexually abused by another inmate, the PREA Coordinator shall subsequently inform the alleged victim whenever:

- The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The agency 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. The Platte County Detention Facility's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.76 (a) & (b)

Facility policy #6-11 (A) states that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policies. The presumptive disciplinary sanction for staff members who have engaged in sexually abusive contact or penetration is termination. No incidents have occurred with the past 12 months for data review.

115.76 (c)

Disciplinary sanctions for violations of agency policies relating to sexual abuse or 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. Instances of actually engaging in sexual abuse will result in criminal charges. This is supported by policy #6-11 (A-3). No incidents of this type have occurred in the past 12 months.

115.76 (d)

No incidents have occurred in the past 12 months however policy #6-11 (A-4) states 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 law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.77 (a)

Policy #6-11 (B-1 & C-1)) supports the standard by stating that any contractor/volunteer will be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies.

115.77 (b)

Under policy #6-11 (B-2 & C-2) the facility will take appropriate remedial measures and shall consider whether to prohibit further contact with inmates in the case of any other violation of the facility’s sexual abuse or sexual harassment policies by a contractor/volunteer.

Furthermore per policy #6-11 (B-3 & C-3) the PREA Coordinator will contact the volunteer or the contractor’s employer to notify them of the situation and any further action the facility will take.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.78 (a) & (d)

Facility policy #6-11 (D 1-4) Disciplinary Sanctions for inmate states that:

- Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative ruling that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.
- Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.
- The disciplinary process must consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
- The facility may offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse as part of a sanction to participate such interventions as a condition of access to further programming or other benefits.

There have been no instances in the past 12 months. Interviews also support this standard.

115.78 (e)

According to policy #6-11 (D-5) the facility may discipline an inmate for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.

115.78 (f)

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident even if an investigation does not establish evidence sufficient to substantiate the allegation. This is supported by policy #6-11 (D-6)

115.78 (g)

The Platte County Detention Facility prohibits all sexual activity between inmate/detainees and will discipline inmate/detainees for such activity. However the facility may not deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.81 (b)

This standard is non-applicable to this facility.

Non-Compliance Issues:

115.81 (a) & (c)

Compliance could not be determined due to not being provided or inability to locate policy or supporting documentation. The facility needs to develop policy or provide some type of documentation in support of this standard.

115.81 (d)

There is no documentation to support this standard. The only policy covering limiting sensitive information is located in policy #6-7 however this only applies to results of the screening tool not related to instances that occurred in an institutional setting. The facility needs to produce some type of documentation preferably policy that reflects this standard. The facility then needs to adopt that policy into procedure and practice.

115.81 (e)

Compliance could not be determined due to not being provided or inability to locate policy or supporting documentation. The facility needs to develop policy or provide some type of documentation in support of this standard.

Corrective Action Period:

115.81 (a) & (c)

Facility policy #6-12 (A) states that if during the initial medical and mental health screening an inmate states that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community medical staff will ensure they are offered a follow up meeting with a medical or mental health practitioner within 14 days.

115.81 (d)

The Facility produced policy #6-12 states that any information related to sexual victimization or abusiveness that occurred in an institution setting shall be limited to medical and mental health practitioners and other staff, as necessary to inform treatment plans, security and management decisions including housing, work and educational programing.

115.81 (e)

Facility policy #6-12 states that Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

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

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

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

Does Not Meet Standard (requires corrective action)

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

Non-Compliance Issues:

115.82 (a)

This standard was supported by interviews with medical staff however no documentation or policy was provided further supporting that inmate 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. The facility needs to develop policy or provide some type of documentation in support of this standard.

115.82 (b)

No policy, documentation or other types of support could be located for standard 115.82 (b)

115.82 (c)

This standard was supported by interviews with medical staff however no documentation or policy was provided further supporting that inmate victims of sexual abuse while incarcerated shall be 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. The facility needs to develop policy or provide some type of documentation in support of this standard.

115.82 (d)

Treatment services are provided at no cost to the victim in regard to standard 115.21 however that is in reference to forensic medical exams. No support for this standard could be found addressing that there would be no cost to victims regardless if they cooperate with the investigation. The facility needs to develop policy or provide some type of documentation in support of this standard.

Corrective Action Period:

115.82 (a) and 115.82 (b)

Facility Policy # 6-12 (B) states - Victims of sexual abuse have 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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim and immediately notify the on-call medical personnel with contract provider Advanced Correctional Health Services. Policy also calls for the contact of EMT's if needed.

115.82 (c)

Policy #6-12 was produced supporting that inmate victims of sexual abuse while incarcerated shall be 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 policy was also supported by medical staff interviews.

115.82 (d)

Facility policy #6-12 (B) states that treatment services are provided at no cost to the victim in regard to standard 115.21 this policy further states that there would be no cost to victims regardless if they name the abuser or cooperates with the investigation.

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

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

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

Does Not Meet Standard (requires corrective action)

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

Non-Compliance Issues:

115.83 (a)-(g)

No policy, documentation or other types of support could be located for any section of standard 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers. The facility needs to develop policy or provide some type of documentation in support of this standard.

Corrective Action Period:

115.83 (a) – (c)

Facility policy # 6-12 (C) and interviews support that the facility provides ongoing medical and/or mental health evaluation and treatment to all known victims of sexual abuse. The evaluation and treatment of sexual abuse victims must include appropriate follow-up services, treatment plans, and, when necessary referrals for continued care following their release from custody. The level of medical and mental health care provided to inmate victims must be consistent with the community level of care generally accepted by the medical and mental health professional communities.

115.83 (d) and 115.83 (e)

Policy and interviews with medical/mental health staff also supports this standard in that inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. In addition if pregnancy results from the conduct described in 115.83 (d), such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

There were no reported incidents of this type.

115.83 (f) and 115.83 (g)

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. This is supported by policy # 6-12 (C). In addition policy # 6-12 (C) states that treatment services must be provided free of charge to the victim and regardless of whether the victim names the abuser.

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

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.86 (a) - (c)

The facility has established an incident review team consisting of the PREA coordinator, the Jail Director and a representative from the Sheriff’s Department (Chief Deputy). This team reviews all data collected involving a sexual abuse incident. These incident reviews take place within 30 days of the conclusion of all sexual abuse investigations unless the allegation has been determined to be unfounded. The team will seek input from line staff, investigators, medical and mental health practitioners. This standard is supported by policy #6-13 (A. 1-3), staff interviews and investigation documentation.

115.86 (d)

The incident review team evaluates each incident of sexual abuse and:

- Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Considers 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.
- Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assesses the adequacy of staffing levels in that area during different shifts.
- Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- Prepares a report of its findings, including but not necessarily limited to determinations made pursuant to PREA standard 115.86 (d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head.

This standard was supported by policy #6-13 (A-4), documentation and interviews.

115.86(e)

According to policy #6-13 (A-4g), documentation and interviews the Platte County Detention Facility will implement recommendations for improvement made by the incident review team or document its reason for not doing so.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.87 (a) – (d)

The agency collects accurate, uniform data for every reported incident of sexual abuse using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually. The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the BJS Survey on Sexual Violence. Data is obtained from multiple sources, including reports, investigation files, and sexual abuse incident reviews. This facility does not contract out its inmate population.

Standard 115.87 is well supported by policy #6-13 (B-1), reports/data and interviews.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.88 (a)- (d)

According to Policy #6-13 (C-1) Data Review for Corrective Action – The administrative review team reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. Using this data, the agency:

- Identifies problem areas.
- Takes corrective action on an ongoing basis.
- Prepares a report annually of its findings and corrective actions for the facility.

The annual report also includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the agency’s progress in addressing sexual abuse. The agency’s report is approved by the Jail Administrator, and made readily available to the public on the Platte County website. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility, but it must indicate the nature of the material redacted.

Policy, provided reports as well as interviews support compliance with the standard.

The facility has demonstrated full compliance with this standard.

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

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

Does Not Meet Standard (requires corrective action)

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

Initial Compliance:

115.89 (a)

According to policy #6-13 (D. 1-3) Data storage, publications and destruction the Platte County Detention Facility ensures that the collected sexual abuse data is properly stored, securely retained, and protected. This is accomplished by securing such data in the PREA Coordinators office. The agency makes all aggregated sexual abuse data, from this facility and those with which it contracts, readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers from the data. The agency maintains sexual abuse data for at least 10 years after the date of its initial collection.

In addition to facility policy PREA Standard 115.89 is also supported by documentation and information gained through interviews with the PREA Coordinator.

The facility has demonstrated full compliance with this standard.

AUDITOR CERTIFICATION:

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

Chris W. Harrifeld

Auditor Signature

August 24, 2016

Date

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