

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report 11/04/2019

Auditor Information

Name: Chris Sweney	Email: csweney.prea@gmail.com
Company Name: Sweney Group LLC.	
Mailing Address: P.O. Box 8840	City, State, Zip: Omaha, NE 68108
Telephone: (402) 658-0344	Date of Facility Visit: August 12th – 13th, 2019

Agency Information

Name of Agency: Saunders County Corrections		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 387 N. Chestnut Suite 4		City, State, Zip: Wahoo, NE 68066	
Mailing Address:		City, State, Zip: Click or tap here to enter text.	
Telephone: (402) 443-8167		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission:			
Agency Website with PREA Information: https://saunderscounty.ne.gov/pdfs/sheriff/SCC_PREA.pdf			

Agency Chief Executive Officer

Name: Brian Styskal	Title: Director
Email: bstyskal@co.saunders.ne.us	Telephone: (402) 443-8153

Agency-Wide PREA Coordinator

Name: William Mulholland	Title: Deputy Director
Email: wmulholland@co.Saunders.ne.us	Telephone: (402) 443-8148

PREA Coordinator Reports to: Sheriff		Number of Compliance Managers who report to the PREA Coordinator 0	
Facility Information			
Name of Facility: Saunders County Corrections			
Physical Address: 387 N. Chestnut Suite 4, Wahoo, NE 68066			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: (402) 443-8167			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	
Facility Mission:			
Facility Website with PREA Information: https://saunderscounty.ne.gov/pdfs/sheriff/SCC_PREA.pdf			
Warden/Superintendent			
Name: Brian Styskal		Title: Director	
Email: bstyskal@co.Saunders.ne.us		Telephone: (402) 443-8153	
Facility PREA Coordinator			
Name: William Mulholland		Title: Deputy Director	
Email: wmulholland@co.Saunders.ne.us		Telephone: (402) 443-8148	
Facility Health Service Administrator			
Name:		Title:	
Email:		Telephone:	
Facility Characteristics			
Designated Facility Capacity: 152		Current Population of Facility: 82	
Number of inmates admitted to facility during the past 12 months			1426
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			703

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1107	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-75	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		98	
Facility security level/inmate custody levels:		Min,med,max	
Number of staff currently employed by the facility who may have contact with inmates:		36	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		12	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		2	
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 2	
Number of Multiple Occupancy Cell Housing Units:		4	
Number of Open Bay/Dorm Housing Units:		4	
Number of Segregation Cells (Administrative and Disciplinary):		14	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Medical			
Type of Medical Facility:		n/a	
Forensic sexual assault medical exams are conducted at:		Methodist Hospital in Omaha	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		27	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		2	

Audit Findings

Audit Narrative

On August 12th – 13th, 2019 an audit of the Saunders County Corrections was completed to assess compliance with the Prison Rape Elimination Act (PREA) Adult Facility Standards. The audit was conducted by Chris Sweney, a U.S Department of Justice (USDOJ) Certified PREA Auditor. Saunders County was previously audited August 22, 2016.

Saunders County was provided with a “*Notification of Audit*” that was posted six weeks prior to the audit. The notification contained information of the upcoming visit and stated that any inmate or staff member with information about the facility as it relates to PREA may contact the auditor. During the facility tour, the auditor observed the posting in all housing areas and throughout the facility in areas accessible to inmates, staff and the public. The auditor did not receive any letters prior to the Saunders County Audit.

Approximately two weeks before the onsite review, the auditor received the pre-audit questionnaire (PAQ), policies, memos, procedures and training documents. The auditor reviewed the questionnaire and all documentation. The auditor also reviewed Saunders County’s PREA Audit report from 2016.

On the first day an opening meeting was held in the morning of August 12th, 2019 with the Director, and Deputy Director to discuss logistics, the audit process and expectations.

After the opening meeting, the auditor conducted a site review where access to all areas of the facility was available. The auditor observed PREA related materials in all housing units and common areas. Following the site review, inmate detention file were also reviewed.

Following the site review the auditor completed interviews of specialized and random staff. There were 6 specialized interviews using the DOJ protocols with the; Director, Deputy Director/PREA Coordinator, Supervisory staff responsible for conducting unannounced rounds, investigator, contract medical staff, contract kitchen staff, volunteer, random staff who also perform risk screening, random staff who supervise inmates in segregated housing, staff on the sexual abuse review team (Director, Deputy Director/PREA Coordinator and Medical), staff responsible for monitoring retaliation (PREA Coordinator), first responders (Random Staff), and intake staff (Random Staff). A total of 13 formal staff interviews were complete.

On the second day, the auditor conducted interviews with random and targeted inmates. The inmate population on the first day of the onsite review was 86. All reasonable efforts were made to conduct the required number of targeted inmate interviews. The Saunders County did not have any inmates identified as youthful, blind, deaf or hard of hearing or in segregation because they were at high risk of being sexually victimized. The auditor selected additional inmates from the available targeted populations and increased the number of random inmate interviews to ensure that the appropriate numbers of inmates were interviewed. There were a total of 14 inmate interviews conducted. The

auditor selected random inmates by using a roster sorted by housing area that was provided on the second day of the on-site review. Interviews were conducted with at least one inmate for each housing unit. Random inmate files were also reviewed for risk screenings, and documentation of inmate education.

The PAQ that was provided to the auditor indicated that there was eighteen allegation of sexual abuse or sexual harassment received by Saunders County during the audit period. The investigative report files were reviewed with the PREA Coordinator and found to be in compliance. None of the allegations resulted in criminal Charges.

Prior to leaving the facility the auditor met with the Director and Deputy Director/PREA Coordinator to discuss Saunders County's compliance with the PREA standards and areas of non-compliance and recommendations.

Following the onsite review, the auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide in determining compliance with each standard. To determine compliance, this auditor used the information and documentation provided during the pre-audit, information obtained during the staff and inmate interviews as well as observations during the onsite review.

Facility Characteristics

Opened in 2009, Saunders County operates a 153-bed, modular, indirect-supervision jail. The Saunders County Jail is located at 387 North Chestnut, Suite 4 Wahoo, Nebraska and is under the operational control of the Saunders County Sheriff's Office. The facility has six male housing units and two female housing unit which may be divided into two areas depending on need. Housing is available for inmates of security levels ranging from minimum to maximum and work release. The booking area is made up of a two (2) car vehicle sally port, processing area and multiple holding cells to separate inmates as needed. The Saunders County jail has a significant number of cameras in all areas which are monitored by main control. The camera system has functionality which allows staff to blur toilet and shower areas reducing cross gender viewing. All staff and visitor access to the secure side of the jail is controlled at the front entrance. Visitors must present identification and sign in.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 0

Number of Standards Met:

§115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
§115.12 Contracting with other entities for the confinement of inmates
§115.13 Supervision and monitoring
§115.14 Youthful inmates
§115.15 Limits to cross-gender viewing and searches
§115.16 Inmates with disabilities and inmates who are limited English proficient
§115.17 Hiring and promotion decisions
§115.18 Upgrades to facilities and technology
§115.21 Evidence protocol and forensic medical examinations
§115.22 Policies to ensure referrals of allegations for investigations
§115.31 Employee training
§115.32 Volunteer and contractor training
§115.33 Inmate education
§115.34 Specialized training: Investigations
§115.35 Specialized training: Medical and mental health care
§115.41 Screening for risk of victimization and abusiveness
§115.42 Use of screening information
§115.43 Protective custody
§115.51 Inmate reporting
§115.52 Exhaustion of administrative remedies
§115.53 Inmate access to outside confidential support services
§115.54 Third-party reporting
§115.61 Staff and agency reporting duties
§115.62 Agency protection duties
§115.63 Reporting to other confinement facilities
§115.64 Staff first responder duties
§115.65 Coordinated response
§115.66 Preservation of ability to protect inmates from contact with abusers
§115.67 Agency protection against retaliation. Auditor Findings
§115.68 Post-allegation protective custody
§115.71 Criminal and administrative agency investigations
§115.72 Evidentiary standards for administrative investigations
§115.73 Reporting to inmates.
§115.76 Disciplinary sanctions for staff
§115.77 Corrective action for contractors and volunteers
§115.78 Disciplinary sanctions for inmates
§115.81 Medical and mental health screenings; history of sexual abuse
§115.82 Access to emergency medical and mental health services
§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
§115.86 Sexual abuse incident reviews
§115.87 Data collection

§115.88 Data review for corrective action

§115.89 Data storage, publication, and destruction

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

See comments of individual standards.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The standard has the following requirements: (a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. (b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator, with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1001- PREVENTION PLANNING
Saunders County Corrections Organizational Structure
Saunders County Staffing Review 115.13 c-1

Interviews:

1. Director

Site Review Observations:

1. Observations during on-site review of physical plant
 - (a) The Saunders County Department of Corrections (SCDC) has a written policy mandating zero tolerance relating to sexual assault and sexual harassment. The policy also states that all sexual behavior is strictly prohibited inside of the SCDC.

The written policy discusses the agency's approach to training employees, volunteers and contractors preventing, detecting, and responding to sexual abuse and sexual harassment. The policy also addresses staff's duty to report.

SCDC policy also addresses inmate orientation and education during the booking and classification process where they receive their initial PREA information. The information includes the agencies sexual abuse/harassment policy, prevention and intervention, self-protection, reporting sexual abuse/harassment and treatment and counseling.

- (b) The agency has designated William Mulholland as the PREA Coordinator and the PREA Coordinator. He reports directly to Brian Styskal, Director of Corrections which allows him to implement PREA compliance throughout the facility. During the interview, he stated as the "PREA Coordinator he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards".
- (c) The SCDC only operates one facility, however it has designated as the PREA Coordinator and he reported during the interview that he has sufficient time to develop, implement and oversee agency efforts.

Corrective Action: No Corrective Action Needed

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. PREA Pre-Audit Questionnaire

Interviews:

1. Director
2. Deputy Director/PREA Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant
 - (a) Auditor reviewed the Saunders County Department of Corrections PREA Policy and confirmed during the Director's interview that the SCDC does not contract with any other county or entity including other government agencies. This standard is not applicable.
 - (b) Auditor reviewed the Saunders County Department of Corrections PREA Policy and confirmed during the Director's interview that the SCDC does not contract with any other county or entity including other government agencies. This standard is not applicable.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing

levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1002 SUPERVISON AND MONITORING
2. Saunders County Department of Corrections Staffing Assessment
3. Saunders County Supervisor Daily Check Sheet-Facility Tour

Interviews:

1. Director
2. Deputy Director
3. Supervisory Staff Interviews
4. Random Staff Interviews

Site Review Observations:

1. Observations during on-site review of physical plant
 - (a) The SCDC has developed and documented the staffing plan and has adopted generally accepted detention and correctional practices. Standards are reviewed annually and changes are made as necessary. Nebraska State statute mandates that female staff is on duty at all times. There have been no judicial findings of inadequacy nor have there been any findings of inadequacy from Federal investigative agencies. The SCDC has not received any findings of inadequacy from internal or external oversight bodies. The SCDC conducts an annual risk assessment which includes a review of blind spots within the facility. The information is used to determine where additional supervision is necessary, where supervisory coverage is necessary and where additional cameras may be needed. The SCDC monitors the composition of the inmate population on a daily basis and uses this information to justify staffing for coverage of male, female and special population inmates. The SCDC requires supervisors to visit each housing unit once per shift.
 - (b) This provision is not applicable – the SCDC does not deviate from the staffing plan. This was discussed and confirmed during the interview with the Director.
 - (c) The SCDC has not deviated from the staffing plan in the last 12 months.
 - (d) The Saunders County Department of Corrections PREA Policy addresses that “staff is prohibited from alerting other staff that a supervisory is conducting rounds are occurring”. The SCDC provided copies of their Unannounced Rounds Log with the pre-audit documentation which shows this as a regular practice.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Juvenile-Youthful Inmate Policy (B-111)

Interviews:

1. Director
2. Deputy Director

Site Review Observations:

1. Observations during on-site review of physical plant
 - (a) Saunders County Department of Corrections PREA Policy states that the SCDC does not generally house youthful inmates. Interviews that were conducted with staff and inmates reaffirmed that youthful inmates were not housed at SCDC. This standard is not applicable
 - (b) Saunders County Department of Corrections PREA Policy states that the SCDC does not generally house youthful inmates. Interviews that were conducted with staff and inmates reaffirmed that youthful inmates were not housed at SCDC. This standard is not applicable
 - (c) Saunders County Department of Corrections PREA Policy states that the SCDC does not generally house youthful inmates. Interviews that were conducted with staff and inmates reaffirmed that youthful inmates were not housed at SCDC. This standard is not applicable

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?
☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections A-1002 SUPERVISION AND MONITORING
2. Saunders County Inmate Searches Policy (B-121)
3. Staff training certificates

Interviews:

1. Director
2. Deputy Director
3. Random Staff Interviews
4. Random Inmate Interviews

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) SCDC policy states staff will not conduct cross-gender strip searches or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Per policy, all strip searches will be documented. There were 5 random staff interviews that were conducted and staff reiterated that they have not conducted cross-

gender strip searches or cross gender visual body cavity searches. Random inmate interviews also confirmed they have not been strip searched or received a visual body cavity search by a staff member of the opposite sex. The SCDC did not have any transgender inmates during the on-site visit or during the past 12 months.

- (b) Interviews with random female inmates stated that “pat down searches are always conducted by female staff and they have access to regularly available programming which includes out of cell opportunities”. During the on-site there was a number of female staff available to conduct these searches. At least one female staff member is assigned to the facility at all times.
- (c) The facility documents all strip searches however SCDC policy states staff will not conduct cross-gender strip searches or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.
- (d) The SCDC PREA Policy enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The SCDC PREA Policy also instructs staff to announce the presence when entering housing units with inmates of a different gender. Staff interviews reiterated that they announce themselves or will announce staff of a different gender prior to entering the housing unit. During the on-site, this was viewed as an established practice in the facility. Interviews with the inmates confirmed this is a regular practice.
- (e) The SCDC PREA Policy states that inmates are not searched or physically examined for the sole purpose of determining the genital status. If the inmate’s genital status is unknown, the SCDC will initiate conversation with the inmate in a professional manner in a private setting in order to preserve confidentiality. The SCDC did not have any transgender inmates during the on-site visit or during the past 12 months.
- (f) The SCDC PREA Policy states that unless an emergency or other special situation exists, pat searches should be conducted by staff of the same gender as the inmate. All staff is trained on how to conduct searches of transgender and intersex inmates in a professional manner and in the least intrusive manner possible that is consistent with security needs.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

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

115.16 (b)

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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1002 SUPERVISION AND MONITORING
2. Saunders County Department of Corrections PREA Posters (English/Spanish)
3. Saunders County Department of Corrections PREA Handouts (English/Spanish)
4. Saunders County Department of Corrections Inmate Handbook (English/Spanish)

Interviews:

1. Director
2. Deputy Director Interview
3. Limited English Inmate Interview
4. Random Staff Interviews

Site Review Observations:

1. Observations during on-site review of physical plant
 - (a) As previously stated, the Saunders County Department of Corrections (SCDC) has a written policy, mandating zero tolerance relating to sexual abuse and sexual harassment. The SCDC takes steps to ensure that limited English speaking inmate, inmates with disabilities, and those who have a speech disability have an equal opportunity to participate in PREA education. The facility did not have any inmates who reported to be blind, deaf or hard of hearing during the audit. The facility does utilize a language line that provides access to interpreters who can interpret effectively.
 - (b) The agency takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.
 - (c) The agency refrains from relying on inmate interpreters, inmate readers or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety. Staff were interviewed and reaffirmed they would use the language line or another staff member to interpret with a limited English-speaking inmate.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Corrective Action: No Corrective Action Needed

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone 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 (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

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

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections A-1002 SUPERVISION AND MONITORING
2. Background checks for current staff and volunteers

Interviews:

1. Director
2. Deputy Director

Site Review Observations:

1. Observations during on-site review of physical plant
 - (a) The Saunders County Department of Corrections (SCDC) conducts the background investigations for new hires and well as for staff being considered for a promotion.
 - (b) The SCDC PREA Policy indicates that the Agency will consider any incidents of sexual abuse or harassment when evaluating candidates for promotion.
 - (c) SCDC Policy states that before hiring new employees, who may have contact with inmates, the agency: consistent with Federal, State, and local law, makes its best efforts to contact any prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
 - (d) SCDC Policy requires a criminal background records check before enlisting the services of any contractor who may have contact with inmates
 - (e) SCDC Policy requires criminal background records checks every five years of current employees and contractors who may have contact with inmates.
 - (f) The SCDC asks all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions

The SCDC asks all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees

The SCDC imposes upon employees a continuing affirmative duty to disclose any such misconduct.

- (g) SCDC Policy states material omissions regarding such misconduct, or the provision of materially false information, grounds for termination

- (h) The SCDC provides 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.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Correction Action:

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1002 SUPERVISION AND MONITORING
2. Camera Location and Views Document

Interviews:

1. Director
2. Deputy Director

Site Review Observations:

1. Observations during on-site review of physical plant

(a,b) The Saunders County Department of Corrections considers the effect of any new design, acquisition, expansion, or modification on the agency's ability to protect inmates from sexual abuse. Saunders County Department of Corrections opened in 1983. There have been no additions or major modifications to the facility since initial construction.

Protection of inmates from sexual abuse through the installation of electronic surveillance and other technology is continuously evaluated.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1003 RESPONDING TO ALLEGED SEXUAL ASSAULT
2. Nebraska Methodist Hospital website (<https://www.bestcare.org/womens-hospital/>)
3. MOU with Saunders County Victim Witness

Interviews:

1. Director
2. Deputy Director
3. Medical Staff
4. Random Staff

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The SCDC is responsible for investigating allegations of sexual abuse and does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence however all criminal investigations are referred to the Saunders County Sheriff's Office (SCSO) to investigate. SCDC staff and SCSO work together but the agency responsible for the criminal investigation is SCSO. SCDC administrative staff is responsible for the administrative proceedings. Interviews with random staff demonstrated that they have been trained in their responsibilities to preserve evidence, the collection of evidence and the chain of custody.
- (b) The protocol developed is appropriate for youth; however the SCDC does not house youthful offenders therefore this provision is Not Applicable.
- (c) The SCDC offers all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Interviews with the PREA Coordinator and Medical staff reiterated that all victims of sexual abuse are offered access to forensic examinations. The forensic medical examinations are referred to Methodist Hospital. The examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) and the SCDC informs the hospital prior to the inmate's arrival of the services required.
- (d) The SCDC has an agreement with Saunders County Victim Witness to provide the victim with a victim advocate.
- (e) Interviews conducted with the PREA Coordinator and Medical staff reiterated, that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member does support the victim through the forensic medical examination process and investigatory interviews. The victim advocate will also provide emotional support, crisis intervention, information, and referrals.
- (f) This provision is Not Applicable, the SCDC is responsible for administrative investigations and refers all criminal matters to the Saunders County Sheriff's Office.
- (g) The auditor is not required to audit this provision
- (h) This provision is Not Applicable, the agency refers these services Saunders County Victim Witness for access to a victim advocate.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1003 RESPONDING TO ALLEGED SEXUAL ASSAULT
2. Saunders County Department of Corrections Website (<https://saunderscounty.ne.gov/webpages/sheriff/corrections.html>)
3. Saunders County Department of Corrections Policy A-1008 PREA INVESTIGATION

Interviews:

1. Director
2. Deputy Director
3. Investigative Staff

Site Review Observations:

1. Observations during on-site review of physical plant

(a) The SCDC ensures an administrative or criminal investigation is completed for all allegations of sexual abuse. The Director and PREA Coordinator will receive all allegations and will refer criminal investigations to the Saunders County Sheriff's Office to investigate. The Director and PREA Coordinator are responsible for administrative investigations. Interviews conducted with the Director and PREA Coordinator were consistent with the policy.

(b) The SCDC has a policy and practice in place that ensures that allegations of sexual abuse or sexual harassment are referred for investigation as discussed in the Saunders County Department of Corrections PREA Policy. The Director and PREA Coordinator will receive the allegations and investigate the administrative investigations. The allegations that involve criminal behavior will be referred to the

SCSO to investigate. The Director and PREA Coordinator will assist the SCSO with the investigation as required.

The SCDC has published its PREA Policy on its website stating that all inmates have the right to be safe from sexually abusive behavior. There policy discusses that jail staff will receive the allegations and the allegations that appear to be criminal will be investigated by the SCSO.

The SCDC documents all referrals to the SCSO. The Director and PREA Coordinator are also responsible for completing the Investigation Log which shall include a chronological order of events in the investigation.

(c) The information on the website is clear that SCSO will investigate allegations that may result criminal charges and the agency address and phone is provided as well.

(d,e) Auditor is not required to audit these provisions

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1004 TRAINING AND EDUCATION
2. PREA Training Curriculum
3. Staff Training Records

Interviews:

1. Random Staff

Site Review Observations:

1. Observations during on-site review of physical plant
 - (a) The SCDC provides all staff with training which includes their zero tolerance policy, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies, inmates' right to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation for reporting abuse and all other components of this standard.
 - (b) The training that SCDC receives is tailored to the gender of the inmates, the facility houses male and female inmates and training records reviewed demonstrated a distinction in the training. All staff receives this training, regardless of whether or not they are reassigned from another facility.
 - (c) All current employees who have contact with inmates have received training and the information was verified through the auditor's review of the staff training records and random staff interviews.
 - (d) The SCDC has demonstrated sign-off sheets that staff verifies they have received the training and understand the training that they have received. Upon completion of the lesson plan, staff is required to take sign-off stating they understanding of the material. The staff interviews confirmed this process also.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Corrective Action: No Corrective Action Needed

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1004 TRAINING AND EDUCATION
2. PREA Training - Volunteers & Contractors
3. PREA Orientation Form

Interviews:

1. Director
2. Deputy Director/PREA Coordinator
3. Volunteer

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The SCDC ensures that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors are provided information based on the level of services they provide and the level of contact that they will have with the inmates. Interviews conducted confirmed that volunteers and contractors received this information prior to entering the facility.
- (b) All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and harassment. Volunteers and contractors are informed how to report such incidents. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates and their training is tailored during orientation.
- (c) The SCDC maintains documentation confirming that volunteers and contractors understand the training they have received. Upon receipt of the PREA information, volunteers and contractors are required sign and acknowledge they understand the material.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☐ Yes ☒ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
☒ Yes ☐ No

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections PREA Policy A-1004 TRAINING AND EDUCATION
2. Saunders County Department of Corrections PREA Posters (English/Spanish)
3. Saunders County Department of Corrections PREA Handouts (English/Spanish)
4. Saunders County Department of Corrections Inmate Handbook (English/Spanish)

Interviews:

1. Director
2. Deputy Director/PREA Coordinator
3. Intake/Booking Staff
4. Random Inmates

Site Review Observations:

1. Observations during on-site review of physical plant
 - (a) During intake, inmates receive information explaining the agency's zero-tolerance policy towards sexual abuse and sexual harassment.

- (b) The SCDC provides education to inmates either in person or through video regarding about their rights to be free from sexual abuse and sexual harassment. The education and materials include their rights to be free from retaliation for reporting such incidents and the that cases of sexual assault will be referred to the Saunders County Sheriff's Office for criminal investigation and possible prosecution.
- (c) All inmates receive such education, the random inmate interviews confirmed inmates understood the PREA education and materials that had been provided.
- (d) The SCDC provides inmate education in formats accessible to all inmates including those who are limited English proficient, those who are deaf, those who are visually impaired, those who are otherwise disabled and all inmates who have limited reading skills.
- (e) The SCDC maintains documentation of inmate participation in the PREA education in the inmate file.
- (f) The SCDC provides additional educational materials in the housing units in the form of posters and the inmate rulebook. Random interviews and the facility tour confirmed the existence of these materials

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1004 TRAINING AND EDUCATION
2. Investigative Training Plan

Interviews:

1. Director
2. Deputy Director/PREA Coordinator
3. Investigator

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The SCDC ensures that its investigators have received training in conducting sexual abuse investigations in confinement settings; the Director and PREA Coordinator are responsible for receiving all allegations of sexual abuse and sexual harassment. Based on the allegation, the Director will refer any criminal investigations to the SCSO to investigate. The Director and PREA Coordinator confirmed that they have received additional training in accordance with their job responsibilities. A review of the training records reflected that this training was completed.
- (b) The specialized training that the SCDC attends includes techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Staff was knowledgeable about the training that they have received.
- (c) The SCDC maintains documentation in the training files that the investigators have completed the required specialized training in conducting sexual abuse investigations.
- (d) Auditor is not required to audit this provision

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1004 TRAINING AND EDUCATION
2. PREA Training Records - Medical

Interviews:

1. Director
2. Deputy Director/PREA Coordinator
3. Medical Staff

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The SCDC ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment. The training also includes; how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
- (b) The standard is Not Applicable as all forensic exams are conducted at Methodist Hospital in Omaha. Staff interviews confirmed this information.
- (c) The SCDC maintains documentation that staff has received the training referenced in this standard either from the agency or elsewhere. Training records were reviewed is compliance has been met.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☐ Yes ☒ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections A-1005 INSTITUTIONAL RISK SCREEN Policy
2. Saunders County PREA Risk Assessment
3. Inmate Detention Files

Interviews:

1. Deputy Director/PREA Coordinator
2. Random Staff Interviews
3. Random Inmates

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The SCDC assessed all inmates during intake for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The auditor observed this process during the site review that this is completed in Intake.

- (b) The interviews conducted with staff that is responsible for the risk screening indicated the intake screenings are typically completed within two hours of admission but definitely would take place within 72 hours of arrival at the facility. Inmate interviews confirmed this process is being completed.
- (c) The PREA screening assessments are conducted using an objective screening tool which was verified by the auditor during the site review.
- (d) The intake screening tool at the SCDC considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical, or developmental disability, assess inmates for risk of sexual victimization, 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, has previously experienced sexual victimization, the inmate's own perception of vulnerability and whether the inmate is detained solely for civil immigration purposes.
- (e) When assessing inmates for risk of being sexually abusive, the SCDC initial PREA risk screening considers the following, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse.
- (f) Within a set time period not more than 30 days from the inmate's arrival at the facility, SCDC staff will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.
- (g) The SCDC will reassess an inmate's risk level when warranted due to a: referral, request, incident of sexual abuse and receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.
- (h) The Saunders County Department of Corrections PREA Policy states that inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening questions. Interviews conducted with staff reiterated that inmates would be not disciplined for refusing to answer the screening questions.
- (i) The SCDC has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. That information is kept in a restricted area and only authorized staff can access the information.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

Corrective Action: No Corrective Action Needed

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections A-1005 INSTITUTIONAL RISK SCREEN Policy
2. Saunders County PREA Risk Assessment

Interviews:

1. Deputy Director/PREA Coordinator
2. Random Staff
3. Random Inmates

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The SCDC uses information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: housing assignments, bed assignments, work assignments, education assignments and program assignments. The interview with the PREA Coordinator and random staff responsible for risk screening confirmed how the risk screening is utilized.
- (b) The SCDC makes individualized determinations about how to ensure the safety of each inmate based on information gathered during the risk screening. Random staff interviews confirmed that all information gathered is used to ensure the safety of each inmate.
- (c) When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, the SCDC supervisory staff determines the inmates housing assignment after review of the inmate records, assessments and an interview with the inmate. The SCDC did not have any transgender inmates during the onsite visit.
- (d) The SCDC PREA Policy requires that placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year to review any threats to safety experienced by the inmate.
- (e) The SCDC supervisory staff meets with transgender or intersex individuals to discuss the inmate's own views with respect to his or her own safety and will give serious consideration when making facility and housing placement decisions and programming assignments.

- (f) Transgender inmates at the SCDC are given the opportunity to shower separately from other inmates.
- (g) The SCDC does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The SCDC does not have a dedicated unit or wing solely on the basis of identification or status.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☐ Yes ☒ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
☐ Yes ☒ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☐ Yes ☒ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☒ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1005 INSTITUTIONAL RISK SCREEN

Interviews:

1. Deputy Director/PREA Coordinator
2. Booking Staff

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The SCDC reported that there were no inmates placed in involuntary segregation pursuant to sexual victimization. If an inmate risk screening identifies that they are high risk, there is a referral for a mental health review. An inmate can request to be taken out of protective custody. Interviews with the Director, PREA Coordinator and random staff confirmed the process for placement.
- (b) The Inmates placed in segregated housing have access to programs, privileges, education, and work opportunities.
- (c) The SCDC does not assign inmates at high risk of sexual victimization to involuntary segregated housing, once information is gathered from the risk screening tool and immediate referral is made to assess the inmates housing as an alternative means of separation from likely abusers. The Director and PREA Coordinator confirmed this this process.
- (d) If an inmate is requesting PC inmate will be interviewed and their request will be documented and forwarded to the Director. The Director will review the request and document their recommendations including why alternative means of separation could not be arranged.
- (e) The SCDC has reported that there are no cases of an inmate being placed in involuntary segregation because he/she is at high risk of sexual victimization. The SCDC PREA policy states that the facility reviews whether there is a continuing need for separation from the general population every 30 days.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Corrective Action: No Corrective Action Needed

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections A-1006 REPORTING SEXUAL ASSAULT Policy
2. Saunders County Department of Corrections PREA Posters (English/Spanish)
3. Saunders County Department of Corrections PREA Handouts (English/Spanish)
4. Saunders County Department of Corrections Inmate Handbook (English/Spanish)
5. MOU with The Bridge
6. MOU with Saunders County Victim Coordinator

Interviews:

1. Deputy Director/PREA Coordinator
2. Random Staff
3. Random Inmates

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The SCDC provides materials that discuss how to report sexual abuse, sexual harassment, retaliation and staff neglect. Inmates are provided reporting information at intake and again within the first 30 days of intake. Additional information is located in the housing units. During the random staff interviews, the staff was able to articulate the different reporting mechanisms .however most of the discussion was reporting sexual abuse or assault.
- (b) The SCDC inmate handbook instructs inmates that they may contact Saunders County Victim Witness, The Bridge or the Saunders County Sheriff's Office to report sexual abuse and/or harassment.

- (c) The SCDC accepts reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, although the materials available to inmates are specific to sexual abuse/harassment. Staff promptly reports any verbal reports of sexual abuse. Staff interviews confirmed that they would report immediately upon learning of a sexual abuse and harassment in their answers.
- (d) The SCDC policy allows staff to privately report sexual abuse and sexual harassment of inmates.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Corrective Action: No Corrective Action Needed

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

- Does the agency ensure 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? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☒ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of 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.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

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

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy E-130 INMATE GRIEVANCES

Interviews:

1. Deputy Director/PREA Coordinator
2. Random Staff
3. Random Inmate

Site Review Observations:

1. Observations during on-site review of physical plant

The Saunders County Department of Corrections does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Saunders County does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse and ensures 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, and such grievance is not referred to a staff member who is the subject of the complaint. Saunders County 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. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and are also be permitted to file such requests on behalf of inmates. Saunders County has established procedures for the filing of an emergency grievance when the inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a substantial risk of imminent sexual abuse, Saunders County immediately forwards the to a level of review at which immediate corrective action is taken, and provides an initial response within 48 hours, and issues a final agency decision within 5 calendar days. The initial response and final agency decision documents Saunders County's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The Saunders County Department of Corrections may discipline a detainee for filing a grievance related to alleged sexual abuse only where it can be demonstrated that the inmate filed the grievance in bad faith. Saunders County has not received any detainee grievances regarding a PREA related incident in the past twelve (12) months.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not compliant with this standard.

Corrective Action: No Corrective Action Needed

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide 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? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform 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? ☐ Yes ☒ No

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1006 REPORTING SEXUAL ASSAULT
2. Saunders County Department of Corrections PREA Posters (English/Spanish)
3. Saunders County Department of Corrections PREA Handouts (English/Spanish)
4. Saunders County Department of Corrections Inmate Handbook (English/Spanish)

Interviews:

1. Random Staff
2. Random Inmate

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The SCDC 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, of local, State, or national victim advocacy or rape crisis organizations, this information is located in the SCDC PREA Pamphlet that is provided at Intake.
- (b) The SCDC informs inmates that communication with outside resources is confidential unless otherwise indicated by the provider.
- (c) The SCDC has entered into an agreement with Saunders County Task Force on Family Violence and Sexual Assault to provide inmates with confidential emotional support services related to sexual abuse.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not compliant with this standard

Corrective Action: Saunders County's process at the time of the on-site visit did not allow for a confidential call due to the physical layout of the facility. Saunders County has since implemented a process which allows inmates to request access to a room where a confidential call can be made.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1006 REPORTING SEXUAL ASSAULT
2. Saunders County Website

Site Review Observations:

1. Observations during on-site review of physical plant

- (a,b) The Saunders County Department of Corrections accepts and investigates third-party reports of sexual abuse and harassment. Information is posted in the visiting area and available on the Saunders County Department of Corrections website. Staff and inmate interviews reflected an understanding of this standard. Inmates felt that third party reports would be investigated.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not compliant with this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections PREA Policy A-1007 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT
2. Saunders County Department of Corrections PREA Training

Interviews:

1. Director
2. Deputy Director/PREA Coordinator
3. Random Staff

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The SCDC requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. It also requires staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment. Lastly, staff must report immediately and according to any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. Interviews conducted with staff showed they understood their duty to report any instances or suspected instances of sexual abuse. Staff was also aware of their duty not to discuss the allegations.
- (b) Apart from reporting to designated supervisors or officials, the SCDC staff refrains from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The staff was able to clearly articulate during the interviews the importance of keeping the information confidential.
- (c) The SCDC does not have in house medical or mental health staff. However, the SCDC has provided information to community health providers to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services

- (d) The SCDC does not house inmates under the age of 18, if the victim is considered a vulnerable adult staff must report the allegation to the designated State or local services agency under applicable mandatory reporting laws
- (e) SCDC staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Director and PREA Coordinator for investigation. Staff interviewed is aware of their reporting responsibilities.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections PREA Policy A-1007 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT
2. Saunders County Department of Corrections PREA Training

Interviews:

1. Director
2. Deputy Director/PREA Coordinator
3. Random Staff

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) According to the Saunders County Department of Corrections PREA Policy, when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, the agency will take immediate action to protect the inmate.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1007 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Interviews:

1. Director
2. Deputy Director/PREA Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) Saunders County Department of Corrections PREA Policy states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Director will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ indicated there have not been any allegations received in the 12-month reporting period of the audit. This practice was verified by the Director.
- (b) Per policy, the notification is provided as soon as possible, but no later than 72 hours after receiving the allegation.
- (c) The SCDC does document that it has provided such notification.
- (d) The Director initiates an investigation on any notifications that he receives that an allegation was made.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections PREA Policy A-1007 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT
2. Saunders County Department of Corrections PREA Training
3. Staff training certificates

Interviews:

1. Random Staff

Site Review Observations:

1. Observations during on-site review of physical plant

(a) SCDC staff upon learning of an allegation that an inmate was sexually abused, and is the first security staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence and ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence. All staff interviewed had a good understanding of their duties.

(b) All staff articulated their responsibilities as a responder.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

Corrective Action: No Corrective Action Needed.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections PREA Policy A-1007 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT
2. Nebraska Methodist Hospital website (<https://www.bestcare.org/womens-hospital/>)

Interviews:

1. Director

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The SCDC has developed a written institutional plan according to the policy to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining

agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections PREA Policy A-1007 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Interviews:

1. Director
2. Deputy Director/PREA Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The Saunders County Department of Corrections has space and ability to protect inmates from known abusers. Nothing in policy restricts administrative staff from removing staff during an investigation.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1007 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Interviews:

1. Director
2. Deputy Director/PREA Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The SCDC has an established policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The SCDC has designated the PREA Coordinator to conduct the monitoring.
- (b) The SCDC has multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- (c) The PREA Coordinator will for at least 90 days following a report of sexual abuse, monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. The PREA Coordinator also monitors any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The PREA Coordinator may continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- (d) The PREA Coordinator conducts status checks and that information is documented on the 90 day Review and Tracking form.
- (e) The PREA Coordinator also monitors any individual who cooperates with an investigation and who expresses a fear of retaliation, and they will take appropriate measures to protect that individual against retaliation.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1007 OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Interviews:

1. Director
2. Deputy Director/PREA Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The Saunders County Department of Corrections PREA Policy states that an inmate is admitted into protective custody when there is documentation that protective custody is warranted and no reasonable alternative is available.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☐ Yes ☒ No

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections PREA Policy A-1008 PREA INVESTIGATION
2. Investigative files

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The Saunders County Department of Corrections PREA Policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
- (b) Where sexual abuse is alleged, the SCDC uses investigators who have received specialized training in sexual abuse investigations as required by 115.34 and the Saunders County Sheriff's Office (SCSO) will be notified immediately.
- (c) The SCSO Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. All of the internal reports will be provided to the SCSO as soon as possible.
- (d) The SCSO is responsible for the criminal investigations that maybe referred for prosecution.

- (e) Interviews conducted with Director and PREA Coordinator confirms the credibility of an alleged victim, suspect or witness is on an individual basis and not on the basis of that individual's status as an inmate or staff. The Director and PREA Coordinator investigate all allegations of sexual abuse and refer matters to the SCSO as warranted.
- (f) SCDC conducts administrative investigations in an effort to determine whether staff actions or failures to act contributed to the abuse. All reports include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and finding.
- (g) SCDC staff provides to the SCSO for criminal investigations a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
- (h) SCDC staff refers all sexual assault or threat once it is reported to the SCSO.
- (i) The SCDC retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
- (j) Saunders County Department of Corrections Policy states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
- (k) Auditor not required to audit this provision
- (l) SCDC staff provides all of the internal reports to the SCSO as soon as possible following an allegation. The SCDC cooperates with SCSO as requested.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections PREA Policy A-1008 PREA INVESTIGATION

Site Review Observations:

1. Observations during on-site review of physical plant
 - (a) In accordance with Saunders County Department of Corrections Policy A-1008 PREA INVESTIGATION, the SCDC imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with the investigative staff confirmed this statement.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1008 PREA INVESTIGATION

Interviews:

1. Director
2. Deputy Director/PREA Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) Following an investigation into an inmate's allegation that he or she suffered sexual abuse the SCDC informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification is in writing regardless of the outcome of the investigation.
- (b) The SCDC requests relevant information from the SCSO who is responsible for conducting the criminal investigation in order to inform the inmate.
- (c) Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the SCDC will 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 unit, the staff member is no longer employed at the facility, the agency 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.
- (d) Following an inmate's allegation that he or she has been sexually abused by another inmate, the SCDC will inform the alleged victim whenever: the agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility or the SCDC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(e) All such notifications or attempted notifications are documented and the notifications are kept in the investigative file.

(f) Auditor is not required to audit this provision

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1009 PREA DISCIPLINARY SANCTIONS

Interviews:

1. Director

Site Review Observations:

1. Observations during on-site review of physical plant
 - (a) The Saunders County Department of Corrections PREA Policy states that "staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment policies.
 - (b) The policy states termination is presumptive disciplinary sanction for staff who has engaged in sexual abuse.
 - (c) The SCDC policy addresses the sanctions for violations of agency policies relating to sexual abuse and 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.
 - (d) The terminations for violations of agency sexual abuse and harassment 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.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Corrective Action: No Corrective Action Needed

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections PREA Policy A-1009 PREA DISCIPLINARY SANCTIONS

Interviews:

1. Director

Site Review Observations:

1. Observations during on-site review of physical plant
 - (a) The Saunders County Department of Corrections PREA Policy states any contractor or volunteer who engages in sexual abuse is 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.
 - (b) The Saunders County Department of Corrections PREA Policy states any contractor or volunteer who engages in sexual abuse is 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.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions 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? ☒ Yes ☐ No

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require

the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1009 PREA DISCIPLINARY SANCTIONS
2. Saunders County Department of Corrections PREA Posters (English/Spanish)
3. Saunders County Department of Corrections PREA Handouts (English/Spanish)

4. Saunders County Department of Corrections Inmate Handbook (English/Spanish)

Interviews:

1. Director

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) Inmates at the SCDC are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Inmates are made aware of the disciplinary process which is located in the Saunders County Department of Corrections Inmate handbook.
- (b) SCDC rulebook reflects that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.
- (c) The SCDC disciplinary process considers 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. Medical and Mental Health also discussed during the audit that they have discussed an inmates mental disabilities prior to a sanction being given.
- (d) The SCDC does not offer programming such as therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.
- (e) The SCDC will discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- (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 or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- (g) The SCDC has a zero tolerance policy concerning sexual contact.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☐ Yes ☐ No ☒ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

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

115.81 (e)

- Do medical and mental health practitioners 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? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1010 INMATE MEDICAL AND MEBNTAL HEALTH CARE

Interviews:

1. Director
2. Deputy Director/PREA Coordinator
3. Booking/Intake Staff

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) This provision is Not Applicable, this facility is a jail
- (b) This provision is Not Applicable, this facility is a jail
- (c) If the screening pursuant to § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.
- (d) Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Staff is directed to notify SCDC security staff immediately upon learning of any information regarding sexual abuse.

- (e) The SCDC does not house inmates under the age of 18 and medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and Crisis Intervention Services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1010 INMATE MEDICAL AND MEBNTAL HEALTH CARE
2. Saunders County Medical Center (<https://saundersmedicalcenter.com/>)

Interviews:

1. Director
2. Deputy Director/PREA Compliance
3. Random Staff interviews

Site Review Observations:

1. Observations during on-site review of physical plant
 - (a) The SCDC PREA Policy states inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and Saunders County Victim Witness the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
 - (b) The SCDC staff will act as security staff first responders, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, the security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.
 - (c) SCDC staff confirmed 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.
 - (d) Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

Saunders County Department of Corrections Policy A-1010 INMATE MEDICAL AND MEBNTAL HEALTH CARE

Interviews:

1. Director
2. Deputy Director/PREA Compliance
3. Medical Staff
4. Random Staff interviews

Site Review Observations:

Observations during on-site review of physical plant

(a) Whenever an employee knows or suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the Responsible Health Authority.

(b) Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate.

(c) Victims of sexual abuse will be referred to a community facility or local emergency room for treatment or gathering of forensic evidence..

(d) Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

(e) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services.

(f) Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

(g) Medical co-payment fees are not imposed to inmates for any medical services.

(h) Mental Health - After any emergency treatment is provided, health care staff will notify mental health staff of event. An immediate referral, including after hours, is the preferred referral format in case of an abuse.

Corrective Action: No Corrective Action Needed

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA Coordinator? ☒
Yes ☐ No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections Policy A-1011 DATA COLLECTION AND REVIEW

Interviews

1. Director Interview
2. Deputy Director/PREA Coordinator

The Saunders County Department of Corrections conducts a sexual abuse incident review at the conclusion of every substantiated and unsubstantiated sexual abuse investigation. Saunders County ensures that reviews occur within 30 days of the conclusion of the investigation. The review team consist of upper management staff, with input from line supervisors, investigators, medical and mental health practitioners. The review team considers whether the allegations indicate a need to change policy and/or practice to better prevent, detect, or respond to sexual abuse; 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 facility; and they examine the area in the facility where the incident occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Recommendations are documented and the report is submitted to the Director. The Saunders County Department of Corrections implements recommendations for improvement or documents reasons improvements cannot be made.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

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The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections PREA Policy A-1011 DATA COLLECTION AND REVIEW
2. Saunders County Department of Corrections Website
3. Saunders County Annual Reports

Interviews

1. Director Interview

2. Deputy Director/PREA Coordinator

The Saunders County Department of Corrections collects accurate, uniform data for every allegation of sexual abuse at the facility using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually. The data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Saunders County reviews and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews. Saunders County does not contract its inmates to other facilities. Saunders County provides all data from the previous calendar year to the Department of Justice upon request.

Corrective Action: No Corrective Action Needed

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections PREA Policy A-1011 DATA COLLECTION AND REVIEW
2. Saunders County Department of Corrections Website
3. Saunders County Annual Reports

Interviews

1. Director Interview
2. Deputy Director/PREA Coordinator

The Saunders County Department of Corrections reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective action. The report is approved by the Director and made readily available to the public through its website. Saunders County redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility.

Corrective Action: No Corrective Action Needed

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☐ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The Saunders County Department of Corrections (SCDC) provided the following documents to assist the auditor in determining compliance with the standard:

1. Saunders County Department of Corrections PREA Policy
2. Saunders County Department of Corrections Website (

3. Saunders County Annual Reports

Interviews

1. Director Interview
2. Deputy Director/PREA Coordinator

The Saunders County Department of Corrections makes all aggregated sexual abuse data readily available to the public at least annually through its website. All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires. Therefore, the facility meets this standard.

Corrective Action: No Corrective Action Needed

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

This was Saunders County Department of Correction's second audit of the PREA standards. During the on-site visit the auditor was afforded access to all areas of the facility, allowed to interview inmates and staff in private, and was provided with all necessary documentation to complete a thorough audit. Contact information for this auditor was visible in all areas of the facility.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

The auditor observed on the agency's website and Saunders County's previous Final PREA Audit Report. Saunders County ensures that final reports are published on their website.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Chris Sweney

11/04/2019

Auditor Signature

Date

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

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