

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 15 March 2015/Amended 4 March 2016

Auditor Information			
Auditor name: Steven Jett			
Address: 21023 Briarwood Dr., Greenleaf, ID			
Email: sjett.preajuvaudit@gmail.com			
Telephone number: Click here to enter text.			
Date of facility visit: Aug 6-8, 2014			
Facility Information			
Facility name: MacLaren Youth Correctional Facility			
Facility physical address: 2630 North Pacific Highway, Woodburn OR			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 503 981 9531			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Dan Barger			
Number of staff assigned to the facility in the last 12 months: 190			
Designed facility capacity: 347 listed in PAQ. 186 beds at present			
Current population of facility: 129			
Facility security levels/inmate custody levels: NA			
Age range of the population: 16-24			
Name of PREA Compliance Manager: Mike Rau		Title: PREA Compliance Manager	
Email address: Mike.rau@oya.state.or.us		Telephone number: 503 981 9531	
Agency Information			
Name of agency: Oregon Youth Authority			
Governing authority or parent agency: <i>(if applicable)</i> State of Oregon			
Physical address: 530 Center St, NE Suite 500 Salem, OR 97301			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 503 373 7205			
Agency Chief Executive Officer			
Name: Fariborz Pakseresht		Title: OYA Director	
Email address: Click here to enter text.		Telephone number: 503 373 7205	
Agency-Wide PREA Coordinator			
Name: Dallas Tully		Title: PREA Coordinator	
Email address: dallas.tully@oya.state.or.us		Telephone number: 5033737203	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the MacLaren Youth Correctional Facility was conducted on August 6, 7, 8, 2014. The facility, located in Woodburn Oregon, is a long-term facility housing male juveniles, including those who have been adjudicated in adult court.

The tour was conducted the first morning, and included Mr. Jeter (Security Staff), Kyla Jager (PREA Coordinator) and myself. Other staff members joined as different buildings were toured. Also joining us for some parts of the tour was Mike Rau (PREA Coordinator).

During the tour, several staff members were briefly interviewed in an impromptu manner. These staff members were not included in the count of regular staff interviews.

On August 7, 2014, interviews of agency staff were held at the OYA headquarters in Salem, OR. Interviews included the agency head, contract coordinator, chief investigator, PREA Coordinator, HR director.

During the audit visit, a total of 25 staff covering all shifts and units were interviewed using the appropriate interview protocols.

Also, 18 youth were brought to me for interviews. A very small number refused to speak with me, but over 10% of the entire population of the facility were interviewed during the visit.

MacLaren staff orchestrated the interviews in a very efficient way, and brought residents from all units to be interviewed with very little down-time.

DESCRIPTION OF FACILITY CHARACTERISTICS

The MacLaren Youth Correctional Facility is an Oregon Youth Authority facility located in Woodburn, OR. It serves male residents only, ranging in age from 15-25. Although MacLaren has 186 beds, population is at approximately 130. MacLaren houses sex offenders, violent offenders, older male youth, and those with substance abuse issues. Most of the population is housed in dorm-style units. It is an older facility, located on a large, fenced campus.

Most of the dorms are located around a large common area. Movement is strictly supervised to classroom areas, gym, program and vocational areas. A separate building houses medical and mental health programs, along with some housing units for those residents that may present behavior or mental health problems.

The facility has undergone upgrades and renovations over the years. Cameras have been installed in some areas, and other areas have been identified as needing cameras. Funding has been secured and plans are in place at the present time to upgrade surveillance systems.

Residents are transferred from the OYA intake program, which occurs at a separate facility. Residents at MacLaren are long-term.

SUMMARY OF AUDIT FINDINGS

[Click here to enter text.](#)

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

This standard is not applicable. The MacLaren Youth Facility does not contract with any other facility for housing of residents. Clarification and direction from the PREA Resource Center and the DOJ working group during this audit. None was forthcoming at the time of the audit.

Standard 115.313 Supervision and monitoring

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

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

It was determined during the initial audit visit that PREA unannounced rounds were being done, but not frequently enough. Discussion was held with staff prior to the end of the visit, and solutions were found. Prior to the end of the corrective action period, more than enough proof of the unannounced rounds were furnished to me.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

During the audit visit, it was found that the cross gender announcements were not being made, and also that the facility dorms have toilets that did not allow residents to perform bodily functions without being viewed by a staff member of the opposite gender. During the corrective action period, the facility instituted a buzzer system to alert the residents whenever an opposite gender staff member entered the dorm area, and modified the dorm toilet area so that staff could not view buttocks or genital areas. Proof of these modifications were furnished to me.

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

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit

Standard 115.317 Hiring and promotion decisions

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

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

It was found at the initial audit visit that child abuse registry checks had not been performed, mainly due to the fact that the OYA could not
PREA Audit Report

run these checks at the present time. Prior to the end of the corrective action period, the facility furnished me with proof of the child abuse registry checks for employees and contractors.

Standard 115.318 Upgrades to facilities and technologies

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit. Also, the facility is in the process of planning additional cameras for better observation in key areas.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

At the initial audit visit, it was found that an MOU was not available. However, prior to the end of the corrective action period, the agency furnished the qualifications of a qualified staff member who would fill the role required in 115.321d, e.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this

standard at the initial audit visit.

Standard 115.331 Employee training

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

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

At initial visit, training was not found to be effective. Facility updated training materials, trained staff and furnished rosters. Prior to the end of the Corrective Action Period, staff were interviewed via Skype and results were very positive and proved the facility had taken great steps to improve training.

Standard 115.332 Volunteer and contractor training

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit.

Standard 115.333 Resident education

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

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

At the initial audit visit, records were requested from the intake facility (Hillcrest) to prove all resident education sessions were being conducted. Records were not received in time for the initial report, therefore the facility was found to be out of compliance. However, prior to the end of the corrective action period, the facility furnished 108 records showing resident education session are held. Interviews with residents showed that sessions have been effective.

Standard 115.334 Specialized training: Investigations

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, training records, etc., the facility was compliant with this standard at the initial audit visit.

Standard 115.335 Specialized training: Medical and mental health care

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

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

Based on policies, interview results and other documentation, including meeting minutes, training records, etc., the facility was compliant with this standard at the initial audit visit.

Standard 115.341 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on policies, interview results and other documentation, including intake assessment, logs, etc., the facility was compliant with this standard at the initial audit visit.

Standard 115.342 Use of screening information

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

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

During the initial audit visit, the facility was found to be out of compliance with two sections of this standard. During the corrective action period, the facility changed policy and trained staff on that change, and also furnished proof that the dorm areas were modified to allow transgender residents to shower separately.

Standard 115.351 Resident reporting

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit.

Standard 115.352 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

During the initial audit visit, it was found that the grievance policy needed to have wording requiring that the resident be notified if an extension of the time period mentioned in 115.352d. The facility furnished me with their edited policy which met the requirements of the standard.

Standard 115.353 Resident access to outside confidential support services

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

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

During the initial audit visit, the facility reported that they were still trying to enter into an MOU with an outside agency for support services. During conversations with the agency in the corrective action period, I was furnished with the credentials of a qualified agency staff member who would be filling this role. The agency has documentation of attempts to enter into the MOU.

Standard 115.354 Third-party reporting

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit. Prior to the audit visit, I tested the reporting form, and within a few hours, I had a response. Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit.

Standard 115.361 Staff and agency reporting duties

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

During the initial audit, it was found that the facility does not have a policy that required the facility head to report to the resident's attorney or legal representative, or the juvenile court. The facility corrected this during the corrective action period.

Standard 115.362 Agency protection duties

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit. PREA Compliance Manager Rau showed and demonstrated a very impressive system developed to track incidents, send reminders of follow up meetings, retaliation reports, etc.

Standard 115.363 Reporting to other confinement facilities

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

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

At the initial audit visit, it was found that the facility had policy in place regarding reporting to other agencies if abuse was reported, but all steps were not included. During the corrective action period, this policy was brought into compliance with this standard.

Standard 115.364 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

During the audit visit, the facility was found to be out of compliance because the staff interviews showed that the first responder duties outlined in 115.364a were not trained effectively. During the corrective action period, staff training was held, and Skype interviews conducted prior to the end of the corrective action period showed that staff could reiterate the necessary steps outlined in 115.364a.

Standard 115.365 Coordinated response

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit.

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

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit. Collective bargaining agreements were reviewed, also.

Standard 115.367 Agency protection against retaliation

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

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

At the initial audit visit, the facility was not in compliance with this standards, but only because the policy was not up-to-date. The facility was carrying out ALL necessary steps to comply with the required activities, however, standard 115.367 requires a policy. During the Corrective Action Period, all policies regarding retaliation were updated and meet the requirements of this standard.

Standard 115.368 Post-allegation protective custody

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

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Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit.

Standard 115.371 Criminal and administrative agency investigations

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit. Interviews with agency investigators proved compliance with this standard.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit.

Standard 115.373 Reporting to residents

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

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

At the initial audit visit, the facility was not in compliance with the requirement to report back to residents, nor to document the reports. During the corrective action period, the facility edited policies and documents.

Standard 115.376 Disciplinary sanctions for staff

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit.

Standard 115.378 Disciplinary sanctions for residents

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit.

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

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit. Interviews with medical and mental health staff showed that the facility is in compliance with this standard.

Standard 115.382 Access to emergency medical and mental health services

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit. Interviews with medical and mental health staff showed that the facility is in compliance with this standard.

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

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit. Interviews with medical and mental health staff showed that the facility is in compliance with this standard, and the level of care is probably better than the community level of care.

Standard 115.386 Sexual abuse incident reviews

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit.

Standard 115.387 Data collection

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

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

Based on policies, interview results and other documentation, including meeting minutes, logs, etc., the facility was compliant with this standard at the initial audit visit.

Standard 115.388 Data review for corrective action

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

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

At the initial audit visit, published material did not meet the standard. Prior to the end of the corrective action period, material available on the website was updated and meets the standard.

Standard 115.389 Data storage, publication, and destruction

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

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

At the initial audit visit, published material did not meet the standard. Prior to the end of the corrective action period, material available on the website was updated and meets the standard.

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.

Steven G. Jett

Original 15 March 2015 / Amended 4 March 2016

Auditor Signature

Date