

PREA Facility Audit Report: Final

Name of Facility: Tillamook Youth Correctional Facility

Facility Type: Juvenile

Date Interim Report Submitted: 08/11/2023

Date Final Report Submitted: 02/21/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: D. Will Weir	Date of Signature: 02/21/ 2024

AUDITOR INFORMATION	
Auditor name:	Weir, Will
Email:	prea.america@gmail.com
Start Date of On-Site Audit:	06/27/2023
End Date of On-Site Audit:	06/27/2023

FACILITY INFORMATION	
Facility name:	Tillamook Youth Correctional Facility
Facility physical address:	6700 Officer Row , Tillamook, Oregon - 97141
Facility mailing address:	Oregon

Primary Contact	
Name:	Alisha Goodwin
Email Address:	alisha.r.goodwin@oya.oregon.gov
Telephone Number:	5034004426

Superintendent/Director/Administrator	
Name:	Fabian Casarez
Email Address:	fabian.casarez@oya.oregon.gov
Telephone Number:	541-791-5981

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Kippi Rawson
Email Address:	kathryn.rawson@oya.oregon.gov
Telephone Number:	503-373-1994

Facility Characteristics	
Designed facility capacity:	36
Current population of facility:	29
Average daily population for the past 12 months:	28
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	12-24
Facility security levels/resident custody levels:	Closed Custody
Number of staff currently employed at the facility who may have contact with residents:	37
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION

Name of agency:	Oregon Youth Authority
Governing authority or parent agency (if applicable):	
Physical Address:	530 Center St, Suite 500, Salem, Oregon - 97301
Mailing Address:	
Telephone number:	9717015847

Agency Chief Executive Officer Information:

Name:	Joe O'Leary
Email Address:	joe.oleary@oya.oregon.gov
Telephone Number:	503-373-7212

Agency-Wide PREA Coordinator Information

Name:	Alisha Goodwin	Email Address:	alisha.r.goodwin@oya.oregon.gov
--------------	----------------	-----------------------	---------------------------------

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-27
2. End date of the onsite portion of the audit:	2023-06-27

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Tillamook County Women's Resource Center, Tillamook Regional Medical Center (Adventist Health), and Tides of Change.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	36
15. Average daily population for the past 12 months:	28
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	28
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	8
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	5

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>14</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>27</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>4 residents were 15 years old. These were the youngest residents. One was interviewed. 5 were considered slight of build. One of these residents was interviewed as well.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>37</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	12
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	The stature of the resident was also considered when considering random selections.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Of all 10 interviews conducted: 4 residents were selected from one housing unit and 6 were selected from the other.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Due to this being a small facility, they do not always have residents with physical disabilities. Neither residents nor staff identified anyone with a physical disability.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Audit Team have no evidence that anyone at the facility is unsighted. Needing corrective lenses does not trigger this category.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>None of the documentation received, or interviews conducted, indicated that any current residents had deafness or hearing difficulties.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Although all residents speak English, questions were asked during numerous interviews with staff and residents regarding how the facility would deal with a resident with limited English proficiency.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Information was forthcoming during interviews regarding transgender residents the facility has had during the past few years.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>6</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>4</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Isolation is not used to protect victims of sexual abuse as other methods are available such as separating the alleged perpetrator.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>An additional gay or bisexual resident was included in the number of those selected as "random" selections.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>13</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender</p>

<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>16</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
--	--------------------------

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
--	--

<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
---	--------------------------

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	9	4	9	4
Staff-on-inmate sexual abuse	0	0	0	0
Total	9	4	9	4

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	10	9	10	9
Staff-on-inmate sexual harassment	0	0	0	0
Total	10	9	10	9

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	4	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	4	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	3	4
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	2	3	4

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	9	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	9	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	10
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	10

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	12
--	----

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>10</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The files reviewed spanned over a period of almost 2 years.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
AUDITING ARRANGEMENTS AND COMPENSATION	
<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input checked="" type="radio"/> Other</p>
<p>Identify the entity by name:</p>	<p>PREA America, LLC. I own the company.</p>

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The Standard requires Tillamook Youth Correctional Facility (TYCF) to have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment, and a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy should include definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. PREA Coordination is required at the agency level and PREA Management at the facility level. The facility has designated a PREA Compliance Manager (PCM) with enough time and authority to coordinate the facility’s efforts to comply with all PREA Standards.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the PREA Coordinator and the Compliance Manager; Agency policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities operated directly or under contract; Agency and Facility organizational charts. Agency Policy Part 1, Administrative Services Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment, pp. 4-14, Sections III</p>

	<p>and IV, Local Operating Protocol Sexual Abuse Response Plan. I-A-10.0, Preventing Youth Sexual Abuse, pp. 2-5, Sections II - III. IA-10.0, pg. 5, Section III; and II-B-2.1, Behavior Management - Attachment 1: OYA Youth Behavior Refocus Options; pp 6-7. The cumulative effect of all these interviews and documents is a triangulation of the evidence of compliance.</p>
--	---

115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>This Standard requires that if an agency contracts for the confinement of its residents, it shall require the contractor to adopt and comply with the PREA Standards, and it shall monitor the contractor to ensure that the contractor is complying with the PREA Standards.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interview with the PREA Coordinator indicating that no contracts for outside confinement services exist, an agency memo regarding contracting with other entities for non-confinement services, the Behavior Rehabilitation Services Contract, and agency resident placement logs. These sources indicate compliance with this Standard.</p>

115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Each facility is required to develop, document, and make its best efforts to comply with a staffing plan that provides adequate staffing levels and video monitoring to protect residents against abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: Generally accepted juvenile detention and residential practices; Any judicial findings of inadequacy; Any findings of inadequacy from Federal investigative agencies; Any findings of inadequacy from internal or external oversight bodies; The composition of the resident population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or Standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other relevant factors. At least once annually, the facility, in collaboration with the PREA Coordinator, is required to review the staffing plan to see whether adjustments are needed to: the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the</p>

	<p>allocation of agency or facility resources to commit to the staffing plan, to ensure compliance with it.</p> <p>The Site Review indicated the need for mirrors in the laundry and in the workshop that would assist staff in the supervision of residents in blind spots and hard-to-see places. PREA posters needed to be added in the launch pad, the entry way, and the visitation area. These corrections were made within 30 days. Work requests, Staffing Plan Updates to assure that these improvements are permanent, and pictures of the mirrors and postings were provided as proof of practice. Also, because residents indicated that some alleged victims continued to be subjected to contact with alleged perpetrators, training and Staffing Plan Updates addressed these issues. This included “white line” protocols as well as First Responder Duties. First Responder Duties were posted in the Officer-of-the-Day Manual and in Control areas. Training acknowledgments and pictures were provided as proof. Additionally, long-term special programming was developed to institutionalize solutions for the problem of contact between youths who should not be having contact. This was part of the Corrective Action Plan (CAP) for Standards 115.371 and 115.367 completed in the 6 months after the PREA Audit Interim Report.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Superintendent, the PREA Coordinator, and intermediate or higher-level staff; Documentation of the staffing plan development process; the Staffing Plan; the Revised Staffing Plan; Documentation of 4 deviations from the staffing plan, with written justifications for all such deviations; Documentation of Annual Staffing Plan Reviews; Policy requiring that intermediate-level and higher-level staff conduct unannounced rounds, to identify and deter staff sexual abuse and sexual harassment; and documentation that unannounced rounds were conducted, and that those rounds covered all shifts. Staffing Deviation reports regarding staff on breaks. 313 II-A-3.0 Interactive Supervision of Youth, pg. 4, IV.B. Local operating protocol: TYCF Interactive Supervision of Youth. TYCF Interactive Supervision of Youth - Updated May 2023. TYCF Physical Plant Adjustments from Staffing Plan Review. Tillamook Youth Correctional Facility 2023 Staffing Plan & Review Form & Sign-in Sheet. July 2023 TYCF Trask Unit Meeting PREA Review. July 2023 TYCF Orca Unit Meeting PREA Review. The facility demonstrated a triangulation of the evidence of compliance across all these pieces.</p>
--	---

115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>No cross-gender searches are permitted by the Oregon Youth Authority (OYA), absent exigent circumstances, which must be documented. Residents must shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, other than in exigent</p>

	<p>circumstances, or when such viewing is incidental to routine cell checks. Staff of the opposite gender must announce their presence when entering a resident housing unit. Staff are forbidden from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, such may be determined amid conversations with the resident, through review of medical records, or, if necessary, by obtaining that information as part of a broader medical examination, conducted in private by a medical practitioner.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff and residents; Policies and procedures governing: 1) pat-down searches of residents, 2) strip searches and visual body cavity searches, and 3) cross-gender viewing; Documentation that there have been no exigent circumstances requiring cross-gender searches; Policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status; Training curricula regarding cross-gender pat-down searches and searches of transgender and intersex residents; Staff training logs; Policy II-A-2.0, Searches of Youth and Youth Property in OYA Facilities (pg. 7, IV.C.2.a; pg. 8, IV.D); Policy II-A-2.0, Searches of Youth and Youth Property in OYA Facilities (pg. 6, IV.B.2.a.); Policy II-A-3.0, Interactive Supervision of Youth (pg. 4, IV.D.); 2470 Lesson Plan: Contraband and Searches (pp. 5, 6, & 9); and Local Operating Protocol: Youth Privacy and Staff Announcement. A clear triangulation of the evidence of compliance was showcased across this material.</p>
--	---

115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This Standard requires the agency to take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), and residents with limited English proficiency, 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. OYA policies address the identification of needs, and the provision of appropriate services, during Intake and throughout the time the resident is in care. Policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants, other than in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of First-Response duties under § 115.364, or the investigation of the resident's allegations.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Agency head, with residents with disabilities, and with randomly</p>

	<p>selected staff. Policies and procedures regarding the equal opportunity of disabled residents and residents with limited English proficiency to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy prohibiting the use of resident interpreters, resident readers, or other types of resident assistants, except in limited circumstances. Contracts with interpreters or other professionals hired to ensure effective communication with residents. Written materials for effective communication about PREA with residents with disabilities, limited reading skills, and/or limited English proficiency. Documentation of staff training on PREA-compliant practices for residents with disabilities. I-A-10.0, Preventing Sexual Abuse (pg. 9. IV.D.5). Local operating protocol, TYCF. Language Interpreter Services contracts. I-D-2.1, Use of Language Services policy. II-E-2.4, English Plus - Facility policy. Hearing Impaired Interpreter Website. Language Interpreter Purchase Order. Youth Safety Guide, English and Spanish. Youth Sexual Safety Education forms - Spanish. Training slide from 2022 PREA refresher. Local operating protocol: Language Interpreter Services. A triangulation of evidence of compliance is derived from the combination of all of the above.</p>
--	--

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>OYA policy prohibits hiring or promoting anyone who may have contact with residents, and it prohibits enlisting the services of any contractor who may have contact with residents, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 USC 1997); Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described. Policy requires the consideration of 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 residents. Policy requires that, before it hires any new employees who may have contact with residents, OYA conducts criminal background record checks; consults the Child Abuse Registry; and attempts 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. The Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The agency 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.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes:</p>

	<p>Interviews with Human Resources staff. Policies on promotions and hiring of employees and contractors, including policies governing criminal background checks and checks of child abuse registries, for current employees and contractors who may have contact with residents. Files of persons hired or promoted in the last 12 months, to determine whether proper criminal record background checks and checks of child abuse registries have been conducted and whether questions regarding past conduct were asked and answered. Policy I-A-10.0, Preventing, Detecting, and Responding to Youth Sexual Abuse & Sexual Harassment (pg. 6, IV.B). OYA CRC Process. CJIS Awareness Certificates. LEDS Certificates. Agreement with Oregon Department of Education regarding records checks of school personnel. In light of the above, a triangulation of the evidence has been found.</p>
--	---

115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>When designing or acquiring any new facility, and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: An interview with the Agency Head and the Superintendent; and Documentation of the facility Floor Plan. Expansions occurred before the previous Audit. Through a review of the above evidence and the previous Audit, the Auditors have concluded there is a triangulation of evidence of compliance with this Standard.</p>

115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>For agencies such as OYA, which conducts its own administrative investigations of allegations of sexual abuse, this Standard requires the agency to “follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.” The Standard includes specific rules regarding how this is to be done, and how to care for alleged survivors of abuse. For example, it requires the agency to “offer all residents who</p>

experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.” In addition, it requires the agency to “attempt to make available to the victim a victim advocate from a rape crisis center.” The Standard recognizes that these services are not always available in every locality, and it provides provisions that consider various circumstances. For example, it states that, “If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers.” The requirement for victim advocates goes far beyond including them in forensic exams. The Standard states, “As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.” In addition to what is required in this Standard, Standard 115.353 requires that all residents have a level of access to advocates. Standard 115.353 states that facilities shall provide residents with “access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations....”

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff and with a SANE Nurse. Documentation of efforts to provide SAFEs or SANEs. None have been required in the previous 12 months. Documentation that forensic medical exams are offered for free. Documentation of an agreement with a rape crisis center for services. MOUs/ agreements with the responsible agencies. I-D-4.0, Professional Standards Office Investigations. MOU with Oregon State Police (OSP. II-A-1.2, Preserving Chain of Evidence, completed forms: YA 1958, First Responder Checklist; YA 1959, Sexual Abuse Incident Response Checklist; II-A-1.2, Preserving Chain of Evidence.) HS I-A-10.0, Preventing, Detecting, Responding to Youth Sexual Abuse/Assault. I-D-4.0, Professional Standards Office Investigations. I-A-10.0, Preventing Youth Sexual Abuse (pg. 15, IV.D). TYCF I-A-10.0, Sexual Abuse Response Plan (pp. 4-5). Hospital SANE Care of the Adolescent Policy. PCM SARRC Desk Manual. Across all the information gathered, a triangulation of the evidence of compliance was found.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>This Standard is clear and direct in its requirement that, “The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.” The Standard further requires that agencies have a policy that ensures compliance, and that the policy be published. Agencies must provide their records to be found to fully demonstrate compliance.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head and with Investigative staff; policies and procedures governing investigations of allegations of sexual abuse and sexual harassment; investigative policy; documentation of reports of sexual abuse and harassment; documentation of investigations, including full investigative reports with findings; and documentation of referrals of allegations of sexual abuse and sexual harassment. I-D-4.0, Professional Standards Office Investigations (pp. 3, IV. A.2. & 8). Pg. 10, Attachment A: OYA Investigations Decision Tree. Oregon State Police MOU. PCM SARRC Desk Manual. Website posting of policies. Compliance with this Standard is observed via a triangulation amid all this evidence.</p>
--	---

115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>OYA is required to train all employees who may have contact with residents on the following required matters: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; residents’ rights to be free from sexual abuse and sexual harassment; residents’ and employees’ rights to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to distinguish between consensual sexual contact and sexual abuse between residents; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including LGBTI or gender-nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and relevant laws regarding the applicable age of consent.</p> <p>Because of information obtained during the Audit that some youth felt there was some on-going harassment at the facility that was not resolved when it was reported, and that a couple of staff did not seem clear on the full extent of their reporting duties, additional training was provided during the 30 days after the On-Site Review. A paraphrase of the training is as follows: If a youth reports any</p>

	<p>concerns regarding sexual behavior or harassment or bullying to a staff member, it needs to be officially reported (reminder of mandatory reporter duties), along with completing any needed First Responder duties. While it is great to offer the youth the reporting line as a follow-up, the staff still need to write the Incident Report. Youth should be aware that staff cannot honor requests to “not tell anyone” when bringing forward complaints/allegations. If a youth has a concern but does not feel ready to bring it forward, they can access the advocacy program. There are certain spaces, such as groups, where there is an expectation of confidentiality, but the line is drawn once an allegation of sexual abuse or sexual harassment (or other circumstance triggering mandatory reporting duties) comes into play.</p> <p>Two staff did not feel they received adequate training regarding the searches of transgender residents. This training was also provided during the 30 days after the On-Site Review, and verification was provided to the Audit Team. Additionally, to reduce the possibility of this training being forgotten or rendered mundane, exercise scenarios and skills-building practices were developed for future trainings. Furthermore, the new LGBTQ+ coordinator developed additional educational opportunities for staff. This person is holding LGBTQ+ groups at each facility to improve youth understanding of diversity and reduce concerns of bullying/harassment.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff; training policy and procedures; staff training curricula; and records documenting staff training regarding compliance with this Standard. I-A-10.0, Preventing, Detecting, Responding to Youth Sexual Abuse/Harassment (pg. 7, IV.C). New Employee Training Lesson Plan. PREA Refresher Training 2023. Rosters. PREA Scenarios. Annual Employee PREA Acknowledgment and Understanding. Annual/New Employee Training Slides. Volunteer and contractor training. Relationships with Youth and Their Families Course Content. LGBTQ+ Awareness Training. Training Transcripts and acknowledgments of understanding. Instructions about how to access online training. By a triangulation of the evidence, the agency and facility have shown compliance with this Standard.</p>
--	--

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Volunteers and contractors who will have contact with residents are required to have been trained on their responsibilities, under OYA policies and procedures, regarding sexual abuse and sexual harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors is to be based on the services they will provide, factoring in the level of contact they will have with residents. All contractors who will have contact with residents should have been notified of the agency and facility’s zero-tolerance policy regarding sexual abuse</p>

	<p>and sexual harassment, as well as informed of how to report such incidents. The agency is to maintain documentation confirming that their contractors and volunteers understand the training they have received.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with contractors; training curriculum for volunteers and contractors who have contact with residents; and training records for volunteers and contractors who have contact with residents. Annual/New Employee Training Slides. Facility Access Contractors - Acknowledgements. Facility Access Volunteers - Acknowledgements. There are no volunteers. In the past 12 months, 11 contractors were teachers, and one was a mental health provider. In the final analysis, the facility has provided a triangulation of evidence of compliance with this Standard.</p>
--	--

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Residents are to receive information, at the time of Intake, about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Additionally, the Standard requires that “Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.” The facility is required to provide education in formats accessible to all residents, including those who have limited English proficiency and/or are deaf, visually impaired, and/or otherwise disabled, as well as to residents who have limited reading skills. The agency is also to ensure that key information is continuously and readily available or visible to residents through posters, Resident Handbooks, or other written formats.</p> <p>10 of the 28 residents were interviewed during the On-Site Review. These included randomly selected residents and residents with cognitive disabilities, residents who are or may be perceived to be LGBTI, residents allegedly abused or harassed at TYCF, and resident survivors of sexual abuse earlier in life. Although most of the residents who were interviewed believed allegations are investigated, more than half were unsure whether enough was done to protect residents and resolve problems once allegations were reported. Some said that residents continued to be harassed by the perpetrator. Three stated that some staff did not have enough skill to assist residents with special needs and emotional-type disabilities. 2 did not know about the agency that provides advocacy services, Tides of Change, despite postings around the facility. 3 said that there was some harassment of LGBTI youth by other youth at the facility. 3 pointed out that the Qualified Mental Health Professional (QMHP) position was currently vacant. Residents had access to a</p>

	<p>mental health professional from another facility, but some preferred to have the position filled so they could see someone who knew their case.</p> <p>During the 30 days after the On-Site review, the PC reached out to the agency’s new LGBTQ+ Coordinator and planned educational opportunities for staff. The LGBTQ+ Coordinator had already started groups at each facility to improve youth understanding of diversity and to reduce the risk of bullying and harassment.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Intake Staff and randomly selected residents. Agency policy governing PREA education of residents. Intake records of residents entering the facility within the past 12 months. Resident educational materials in formats accessible to those who are limited English proficient, deaf, visually impaired, and/or otherwise disabled, and those who have limited reading skills. Logs and other records corroborating that those residents received comprehensive, age-appropriate PREA education within ten days of Intake. Educational and informational materials (posters, Resident Handbook, etc.) in compliance with the Standard. Policy I-A-10.0, Preventing Youth Sexual Abuse (pp. 8-9, IV.D). Resident education materials and forms. Hotline Poster – English. Hotline Poster – Spanish. Local operating protocol - Language Interpreter Services Spanish forms. Hearing Impaired Interpreter Request website for hearing impaired/deaf youth. Concerns raised by the youth are being addressed through corrective actions for Standards 341, 367, 371, and 372. The Audit Team has verified that the agency and facility present a triangulation of evidence of compliance with this Standard.</p>
--	---

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Standard states that, “the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.” The training “shall include techniques for interviewing juvenile sexual abuse victims, 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.” Further, “The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.”</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: An interview with Investigative staff; Agency training policy for Investigative staff; the Investigator training curriculum; and documentation that Agency Investigators have completed the required training. 1-A-10.0, Preventing Youth Sexual Abuse (pg. 8, IV.C.3.b). Training certificates. A triangulation of evidence of compliance with this Standard was observed by the Audit Team.</p>

115.335	Specialized training: Medical and mental health care
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1471 918">This Standard requires the agency to ensure that all full-time 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; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. If medical staff employed by the agency conduct forensic examinations, such medical staff are required to receive the appropriate training to conduct such examinations. The agency is required to maintain documentation that medical and mental health practitioners have received the training referenced in this Standard, either from the agency or from elsewhere. Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon each practitioner’s status at the agency.</p> <p data-bbox="280 958 1465 1240">Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Medical and Mental Health Staff; policy and procedures governing training of medical and mental health care practitioners around sexual abuse and sexual harassment; and documentation showing that both medical and mental health care practitioners have completed the required training. I-A-10.0, Preventing Youth Sexual Abuse (pg. 8, IV.C.3.c). The interviews and documentation detailed above culminate in a triangulation of evidence of compliance with this Standard.</p>

115.341	Obtaining information from residents
	<p data-bbox="280 1447 983 1482">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 1523 564 1559">Auditor Discussion</p> <p data-bbox="280 1599 1471 1926">OYA has a policy consistent with this Standard that requires that, upon admission to the facility or transfer from another facility, all residents must receive screening for risk of sexual abuse victimization and/or sexual abusiveness toward other residents. This information, collected as part of the screening process, is to be ascertained through conversations with the resident during the Intake process, medical and mental health screenings, and classification assessments, and by reviews of court records, case files, facility behavioral records, and other relevant documentation from the resident’s files.</p> <p data-bbox="280 1966 1455 2083">The review of files, along with interviews, revealed that some risk factors known to the facility did not make it back to the uniform screening tool, and thereby might have yet to be considered in the overall risk score. For example, interviews</p>

indicated that if a resident revealed one or another risk factor listed in this Standard to a staff member, there was a strong likelihood that the information would be discretely documented and provided to the mental health professional assigned to the facility, because the facility has a longstanding and reliable process for this information to flow to therapists. However, because of a mental health vacancy, the information was not always documented in the uniform “objective screening instrument” required by this Standard. OYA policy requires annual reviews and additional reassessments “if the youth has had behavior or abuse allegations that may affect their scoring.” This is reviewed through a case auditing process. The lead mental health professional sent a reminder to case managers on this topic during the 30 days after the On-Site Audit. A review began to identify a formalized and reliable process. Additionally, in the longer term, redundancies will be built into the software modernization project so that some sort of alert will remind screeners to verify regularly that the screening instrument is fully updated for each resident.

Corrective Action: The CAP required an update to the “facility-wide procedure document to clarify when updated Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) assessments are required. Provide updated procedure as evidence. Notification to QMHPs of updated facility-wide procedure with reminder of requirements. Submit email as evidence with acknowledgements from QMHPs.” Additionally they verified the “Interim Plan for TYCF while QMHP being hired” to ensure full mental health coverage. They implemented a protocol for “new Investigation closure notice emails” and regarding “potential VSAB adjustments.” They made an “Adjustment to Administrative Incident Report form to ensure procedure in practice.” They provided the “updated Administrative Incident Report form as evidence.” They provided VSAB reviews with JJIS tracking with mandated reminders and closure emails from August 2023 – October 2023.

Analysis: Evidence used to determine compliance with this Standard includes: Interviews were conducted with Risk Screening staff, with randomly selected residents, with the PREA Coordinator, and with the Compliance Manager. Agency policy and procedures governing screening of residents upon admission to a facility or transfer to another facility and during reassessments were reviewed. The screening instrument used to determine the risk of victimization or abusiveness was reviewed. And records for residents admitted to the facility within the past 12 months were reviewed for documentation of appropriate screening within 72 hours. Policy I-A-10.0, Preventing Youth Sexual Abuse (pg. 12, IV.I). Procedure: Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) Placement Tool. Summary VSAB Placement Tool Document. Randomly selected samples of actual JJIS VSAB completed. During the CAP the new procedure was developed and implemented, with proof of practice provided to the Auditor as required in the CAP. Full institutionalized compliance with all provisions of this Standard has now been verified.

Auditor Overall Determination: Meets Standard

Auditor Discussion

OYA is compelled to use information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments, to keep all residents safe and free from sexual abuse. Residents may be isolated from others only as a last resort, only when less-restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. Lesbian, gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely based on such identification or status. Lesbian, gay, bisexual, transgender, or intersex identification or status is not held to be an indicator of the likelihood of being sexually abusive. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency considers, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex resident are to be reassessed at least twice each year, to review any threats to safety experienced by the resident. Transgender and intersex residents are to be given the opportunity to shower separately from other residents.

Analysis: Evidence used to determine compliance with this Standard includes: Interviews conducted with the PREA Coordinator and the Compliance Manager, Risk Screening Staff, and LGBTI residents. Documentation was reviewed of the use of screening information to inform housing, bed, work, education, and program assignments, to keep all residents safe and free from sexual abuse. Facility policies were reviewed that govern the Isolation of residents; and that prohibit placing lesbian, gay, bisexual, transgender, or intersex residents, in particular housing, bed, or other assignments solely based on such identification or status; and that prohibit considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive. Documentation of 30-day Reviews was examined for compliance with the Standard. I-A-10.0, Preventing Youth Sexual Abuse (pg. 12, IV.I). Procedure: Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) Placement Tool. Samples of JJIS VSAB usage, with notes for placement. OYA does not place youth in Isolation for risk of sexual victimization. Policy II-B-1.2, Use of Time-out, Room-lock Other, Isolation, and Safety Programs (pg. 6, IV.E). Policy I-A-10.1, Meeting LGBTQ+ Needs (Page 7, IV.E.4.a). Transgender Check-ins. Updated Semi-annual check-ins forms for Gender Diverse Youth. The Audit Team concurs that the materials and input provided constitute a triangulation of evidence of compliance with this Standard; however, this Standard is closely related to Standard 115.341 above, so the work completed during the CAP serves to strengthen compliance with 115.342 as well.

115.351 Resident reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

This Standard requires the agency to provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Also, the agency is to provide a way for residents to report abuse or harassment to an entity that can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Staff are to accept reports made verbally, in writing, anonymously, and from third parties, and they are to promptly document verbal reports. Facilities are to provide residents with access to tools necessary to make a written report. The agency also is to provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Because of information obtained during the Audit that some youth felt there was some ongoing harassment at the facility that was not resolved when it was reported, and that a couple of staff did not seem clear on the full extent of their reporting duties, additional training was provided during the 30 days after the On-Site Review. A paraphrase of the training is as follows: If a youth reports any concerns regarding sexual behavior or harassment or bullying to a staff member, it needs to be officially reported (reminder of mandatory reporter duties), along with completing any needed First Responder duties. While it is great to offer the youth the reporting line as a follow-up, the staff still need to write the Incident Report. Youth should be aware that staff cannot honor requests to “not tell anyone” when bringing forward complaints/allegations. If a youth has a concern but does not feel ready to bring it forward, they can access the advocacy program. There are certain spaces, such as group, where there is an expectation of confidentiality, but the line is drawn once an allegation of sexual abuse or sexual harassment (or other circumstance triggering mandatory reporting duties) come into play. Additionally, a new procedure was established to offer youth the room outside of the QMHP offices, still visible to staff via a door and camera (but no audio).

Analysis: Evidence used to determine compliance with this Standard includes: (1) Interviews with all the following people: randomly selected staff and residents; the PREA Compliance Manager; and residents who reported sexual abuse. (2) Reviews of all of the following policies, documents, and agreements: resident reporting policy; documentation of resident reporting; documentation of an agreement with an outside entity responsible for taking reports; resident reporting policy relevant to reporting to an outside entity; policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties; and policy and documentation (e.g., staff handbooks) outlining procedures for staff to privately report sexual abuse and sexual harassment of residents. I-A-10.0, Preventing Youth Sexual Abuse (pp. 9-10, IV.F). Resident Education materials and forms. OYA does not hold youth solely for civil immigration purposes. See related OYA policy I-E-6.0, Contact with ICE. 0-2.3 Mandatory

	<p>Reporting of Abuse (pg. 3): “Must complete a report no later than the conclusion of the work shift.” Facility-wide procedure: FAC I-E-4.0, Youth Incident Reports (pg. 3, Step 3). II-F-1.1, Youth Grievance Process, (pp. 3-4, IV.E). Staff may use the third-party reporting process described in I-A-10.0 (pg. 11, IV.G.1-3). Link to the online complaint form: https://www.oregon.gov/oia/pso/Pages/OnlineComplaintForm.aspx. Test of the complaint form. Annual Training Slides, and instructions regarding how training and acknowledgments are electronically documented. A thorough examination of all the above input, documentation, and experimentation resulted in a triangulation of evidence of compliance with this Standard.</p>
--	--

115.352	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>OYA has an administrative procedure for dealing with resident grievances regarding sexual abuse. When agencies have such a process, they are required to allow a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The resident cannot be required to use an informal grievance process, nor to otherwise attempt to resolve with staff an alleged incident of sexual abuse. Residents cannot be required to submit a grievance alleging sexual abuse to the staff member who is the subject of the complaint. Furthermore, the resident’s grievance alleging sexual abuse cannot be referred to the staff member who is the subject of the complaint.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: interviews with residents who reported Sexual Abuse; policy regarding resident grievances of sexual abuse; policy for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse; policy limiting the agency's ability to discipline a resident for filing a grievance related to alleged sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith; Resident Handbook, to determine that relevant information is provided; documentation of 3 grievances that alleged sexual abuse; and documentation of the final decision in each such grievance. None were emergency grievances. II-F-1.1, Youth Grievance Process (pg. 3, C). Administrative Remedy process and timeline document. Grievance form and instructions. Grievances. II-F-1.1, Youth Grievance Process (pg.2, III). II-F-1.1, Youth Grievance Process (pg. 4, IV.E.3-4 and pg. 4, IV.F.a). PCM SARRC Desk Manual. Posted instructions for youth. Digital photos of all grievance boxes. Administrative Remedies process and timeline document. During the course of the Audit, the aforementioned pieces of evidence combined to form a triangulation of evidence of compliance with this Standard.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility is required to provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, and otherwise making accessible the mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations. The facility is to provide residents with reasonable and confidential access to their attorneys or other legal representation, as well as reasonable access to parents or legal guardians.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected residents, with residents who reported sexual abuse, with the PREA Compliance Manager, and with the Superintendent; Policies and/or procedures governing resident access to outside victim advocates for emotional support services related to sexual abuse; Resident Handbooks; written materials prepared for residents pertinent to reporting sexual abuse and access to support services; MOUs with community service providers who are able to provide residents with emotional support services related to sexual abuse; and policies governing residents' access to their attorneys, other legal representation, and parents or legal guardians. I-A-10.0, Preventing Youth Sexual Abuse (pg. 9, IV.D.6; pg. 16, V.D.5). I-A-10.0, Preventing Youth Sexual Abuse (pg. 9, IV.D.6). Annual check of the advocacy phone number. OYA does not have the authority to have custody of residents who are detained solely for civil immigration purposes. Proof of practice that residents may visit with, mail letters to, and telephone advocacy organizations with screenshots of access. I-A-9.0, Parent-Guardian Involvement. II-E-2.5, Visits With Youth. II-F-3.6, Youth Legal Materials and Assistance. I-A-10.0, Preventing Youth Sexual Abuse (pg. 9, IV.E), Confidentiality. MOU with victim advocate and TYCF. I-F-3.6, Youth Legal Materials and Assistance. II-F-1.0, Youth Rights (pg. 3, IV.A.13). II-F-3.0, Youth Mail in Facilities (pg. 5, IV.H.2). II-F-3.4, Youth Use of Telephone (pg. 2, IV.B). Sample of youth access to an attorney. III-E-5.0, Notification to Parents/Guardians. II-E-2.5, Visits with Youth. II-F-1.0, Youth Rights (pg. 3, IV.A.13-F-3.0, Youth Mail in Facilities). Documentation of tests of the reporting system. PCM SARRC Desk Manual. By triangulation of the available evidence, this agency and facility have shown compliance with this Standard.</p>

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency is required to have “a method to receive third-party reports of sexual

abuse and sexual harassment” and to publicly distribute the “information on how to report sexual abuse and sexual harassment on behalf of a resident.” Standard 115.361 states, “The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” Standard 115.322 requires that all allegations “are referred for investigation.” Standard 115.371 requires that “When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.” None of the Standards allow for any allegations to be missed.

The notices in the visitation area during the On-Site Review were the same notices posted elsewhere in the facility directed toward residents. It is important that there be notices that provide residents with the information they need to make reports, but the Audit Team asked whether family members and other visitors would understand from the poster that they can use the same reporting system to make reports on behalf of the resident. Additionally, particularly because two staff did not seem to fully understand their reporting responsibilities, it was decided that some notices throughout the facility should be worded to make it clear that ANYONE, including family members and staff, should report allegations or suspicions of sexual abuse or sexual harassment on behalf of residents. These notices were created and posted during the 30 days after the On-Site Review. These improvements accompanied the staff refresher training and resident education discussed elsewhere in this report.

Analysis: Evidence used to determine compliance with this Standard includes: Publicly distributed information on how to report sexual abuse or sexual harassment on behalf of residents, which OYA distributes via its public website, written brochures, issue brief documents, family surveys, and informational flyers sent to families and others. <https://www.oregon.gov/oia/psa/Pages/abuse.aspx>. Family Reporting information. Issue Brief - Keeping Youth Safe. OYA Website PREA page: How to Report Abuse. Keeping Youth Safe brochure. Final Safety Survey - Family: How to Report Abuse. Tests of the reporting systems. Policy I-A-9.0, Parent-Guardian and Family. Reporting postings were updated for clarity and replaced during the Audit, and verification was provided. Over the course of the Audit, the agency and facility presented a triangulation of evidence of compliance with this Standard.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>All staff are required to report, immediately and according to agency policy: any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred; any retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or to retaliation. OYA must require all staff to comply with any applicable mandatory child abuse reporting laws, as well as to make reports, as (and when) appropriate, to licensing agencies and Adult Protective Services. Other than when reporting to designated supervisors or officials, and to designated state or local service agencies, OYA must prohibit staff from revealing any information related to a sexual abuse report to anyone, beyond what is necessary to make treatment, investigation, and other security and management decisions. Medical and Mental Health practitioners are mandated reporters; so, they are required to inform residents, at the initiation of services, of their duty to report, and of the limitations of confidentiality. Upon receiving any allegation of sexual abuse, OYA is to promptly report the allegation to the appropriate agency office, and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing that the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker, instead of to the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record, within 14 days of receiving the allegation.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff, with medical staff, with mental health staff, with the PREA Compliance Manager, and with the Superintendent. Policies governing the reporting by the staff of incidents of sexual abuse or sexual harassment and requiring all staff to comply with any applicable mandatory child abuse reporting laws. I-A-10.0, Preventing Youth Sexual Abuse (pg. 14), V. 0-2.4 Mandatory Reporting of Abuse (pg. 3, III; Pg 5, V -A). I-A-10.0, Preventing Youth Sexual Abuse (pg. 7, IV.C.1.d and pg. 9; IV.E.3, pg. 10; IV.F.2). Policy includes negligent treatment 0-2.4, Mandatory Reporting of Abuse (pg. 5, V.A.) A triangulation of this evidence suffices to constitute compliance with this Standard.</p>
--	--

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Standard in its entirety is this: “When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.”</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head, with the Superintendent, and with randomly selected staff; and policy governing the agency's protection duties when residents</p>

	<p>are subject to a substantial risk of imminent sexual abuse. I-A-10.0, Preventing Youth Sexual Abuse (pg. 14, IV.I.5). No circumstances existed in the past 12 months when the agency knew a resident to be at substantial risk of imminent sexual abuse, but interviews indicate staff know what to do. Thereby, compliance with this Standard has been demonstrated via triangulation of the evidence.</p>
--	--

115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The Standard states that, “Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.” The Standard also requires that the notification be made within 72 hours, be documented, and that, “The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.”</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head and the Superintendent; Agency policy regarding reporting of allegations of sexual abuse of residents while confined at another facility; and Agency policy requiring that allegations of sexual abuse of residents received from other agencies or facilities are investigated in accordance with the PREA Standards. I-A-10.0, Preventing Youth Sexual Abuse (pg. 17, V.F.) I-D-4.0, Professional Standards Office Investigations (pg. 3, IV.A.2.b). No allegations that fall under this Standard were received in the past 12 months, but interviews indicate administrators know how to manage these allegations when they occur. Additionally, the agency provided documentation of a current example regarding a resident at another agency facility. The Audit Team believes that a triangulation of the evidence shows compliance with this Standard.</p>

115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>First Responder duties are vitally important to the protection of resident victims from further harm, and to allow for the proper collection of evidence. The Standard states that “Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the</p>

alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence [. . .] and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence” Also, there are notifications to be made, and documentation requirements, such as those in §115.361 above. This Standard also states that “If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.” Actions that can destroy physical evidence include, “as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.” Interviews that are conducted regarding this Standard must demonstrate that First Responders either know their First Responder Duties or know where and how to locate them quickly, such as knowing where they are posted/printed at all their work stations, and/or having them printed on the backs of their badges. Planning to ask a supervisor what they are at the time an incident occurs does not demonstrate readiness to respond as a First Responder.

Audit interviews uncovered a few inconsistencies among staff, but for the most part, staff seemed to know their First Responder Duties and where to find them. The larger issue was a lack of trust from residents that staff responses would be effective. During the 30 days after the On-Site Review, the First Responder Steps were reviewed and posted in the Officer-of-the-Day Manual, and they were posted in Control. To help address the concern that some residents continued to feel unprotected, “white line” protocols were also reviewed. They are posted in the key-lock area for staff to review when they are checking in for their shifts. Additional programming was developed around the ways for staff to assure residents who are required to stay away from each other maintain appropriate distance, and how to respond if they do not.

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with residents who reported sexual abuse; interviews with staff who have acted as First Responders; and interviews with randomly selected staff, along with Agency policy governing staff First Responder duties. I-A-10.0, Preventing Youth Sexual Abuse (pp. 14-17, V). Local Sexual Abuse Response Plan. First Responder Duties – Cards. First Responder and SARRC completed checklists. This input and documentation combine to form a triangulation of evidence of compliance with this Standard.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The Standard states that “The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.”</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with facility administrators who understand the plan, and a review of the Facility's Coordinated Response Plan and related materials. Local Operating Protocol: OCYCF I-A-10.0 Sexual Abuse Response Plan. First Responder duties - reference card. PCM SARRC Desk Manual. Several trainings include aspects of the facility's coordinated response. These pieces combine to produce a triangulation of evidence of compliance with this Standard.</p>
--	---

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>According to the Standard, neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation, nor pending a determination of whether, and to what extent, discipline is warranted. Nothing in this Standard shall restrict the entering into or renewal of agreements that govern: The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of § 115.372 and 115.376; nor Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head and supervisors, and a review of the collective bargaining agreement: Full Master SEIU Contract, 2021-2023. Throughout the course of the Audit, no evidence was obtained indicating any lack of compliance with this Standard.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The Standard requires the agency and facility to protect all residents and staff, or any cooperating individual who reports sexual abuse or sexual harassment, or who cooperates with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff. The Standard describes minimum practices to provide protection against retaliation.</p> <p>Due to some of the concerns expressed during resident interviews that alleged perpetrators may have the opportunity for continued contact with alleged victims even after investigations have been completed, reminders regarding “white line” procedure enforcement were provided during the 30 days after the On-Site Review. Additionally, some long-term improved programming is being developed. A list of white lines has been added in the key lock area for all staff to see/review when they are checking in for the day.</p> <p>Corrective Action: The facility agreed to “Clarify White Line (separation) procedure via local operating protocol (LOP) as a behavior management tool.” Proof of practice includes “Staff meeting/training (evidence of info sharing) to include retaliation monitoring . . . of youth. Random auditing of retaliation monitoring.” The PC connected “with youth who are being monitored to check TYCF process over next 5 months. Evidence of retaliation monitoring[:] JJIS logs and case files. Including follow-up/case information.”</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: (1) Interviews with each of the following: the Agency Head, the Superintendent, staff responsible for retaliation monitoring, and residents who reported sexual abuse. (2) Agency policy protecting all residents and staff who report sexual abuse or sexual harassment, and who cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents and staff, including policies on the monitoring of residents and staff following a report, and the Agency response to suspected retaliation. (3) Documentation of monitoring. I-A-10.0, Preventing Youth Sexual Abuse (pg. 10, IV.F.2.; pg. 12, H). Staff Monitoring Process document. FAC I-A-10.0, Monitoring retaliation of youth. Samples of staff retaliation monitoring. Samples of youth retaliation monitoring. During the CAP addition documentation of monitoring was provided, including JJIS logs, case files and follow-up case information. Additionally, local operating protocol (LOP) was updated and implemented. Documentation of staff training was provided. By completing the CAP, the facility has demonstrated compliance.</p>
--	---

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Standard requires that “Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of

§ 115.342.”

Analysis: Evidence used to determine compliance with this Standard includes: (1) Interviews with each of the following: the Superintendent; staff who supervise residents who are temporarily isolated for any reason; medical staff; mental health staff; and residents at the facility long enough to be familiar with the facility's responses to rule violations and incidents. (2) Facility policy that residents who allege to have suffered sexual abuse may only be placed in Isolation as a last resort, only if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. (3) Documentation of monitoring. (4) Records showing that no residents were isolated for sexual safety during the past 12 months. Isolation for those who allege sexual abuse does not meet OYA's threshold for use of Isolation. See OYA policy II-B-1.2, Use of Time-out, Room-lock Other, Isolation, and Safety Programs in OYA Facilities (pg. 6, IV.E.1; pg. 10, IV.G). Taken in tandem, all these pieces comprise a triangulation of evidence of compliance with this Standard.

115.371 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

This Standard contains numerous provisions regarding how investigations are to be conducted, but it starts with, “When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.” During the Audit, several investigations that appeared to violate several provisions of this standard were reviewed. This occurred within a context of otherwise strong investigative work and sustained compliance with the other provisions of this Standard. It appeared that sometimes findings were made without a full investigation being done as defined by this Standard. No finding should ever be made based entirely on video evidence. The context must be established, and interviews with witnesses must be conducted. Allegations of sexual abuse and sexual harassment must always be thoroughly investigated, with no exceptions whatsoever, even when initial evidence seems very convincing. The agency responded immediately to the Auditor’s observations, and they scheduled trainings and staffing during the 30 days after the On-Site Audit. Additionally, Amended Reports were provided.

Corrective Action: The CAP required investigators to attend training entitled, “Necessary Elements of Administrative Investigations of Sexual Abuse and Sexual Harassment.” Evidence of attendance was provided. Also, as proof of practice, three additional investigations were provided and they demonstrated full compliance with all provisions of this Standard.

Analysis: Evidence used to determine compliance with this Standard includes:

	<p>Interviews with Investigative staff, the Superintendent, the PREA Coordinator, and the Compliance Manager; Agency/Facility policies related to criminal and administrative agency investigations; Training records for Investigators; and samples of investigative records/reports for allegations of sexual abuse or sexual harassment. I-D-4.0, Professional Standards Office Investigations AIM (investigator database) terminology. I-D-4.0, Professional Standards Office Investigations (pg. 4, IV.A.7 and pg. 9, IV.I.3). Nine investigations were reviewed during the Audit, and an additional three were reviewed during the CAP. Additionally, during the CAP, proof of additional training was provided. By completing the CAP, the agency demonstrates compliance.</p>
--	---

115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The entire Standard is as follows: “The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”</p> <p>Among the investigations reviewed, three involved findings that did not appear consistent with the evidence described in the case file. Excellent solutions for these issues were explored during the 30 days after the On-Site Audit, but those solutions needed to be implemented, and compliance with the Standard must be sustained over a sufficient period of time to be considered institutionalized.</p> <p>Corrective Action: The CAP required “Case closures to be reviewed at weekly PSO staffing with PREA Coordinator.” Additionally, a list of all TYCF investigations was to be provided for random selection by the Auditor for proof of practice.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Investigative staff; policy imposing a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated; and documentation of administrative findings for the proper standard of proof. I-D-4.0, Professional Standards Office Investigations (pg. 8, IV.I.1.d). An additional three investigations were reviewed during the CAP. A sufficient triangulation of evidence of compliance was received before the end of the CAP.</p>

115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>

	<p>The Standard requires that any resident who alleges that they suffered sexual abuse is to be informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Standard provides additional rules that outline the work of informing residents. For example, it requires that all notifications described under this Standard are documented.</p> <p>No violations of this Standard were discovered, but one notification letter to a resident was written in such a way that implied who made the allegation. The resident already knew who made the allegation, so this technically was not a violation of confidentiality. But, regardless, the agency acted immediately to adopt best practices and developed a template that should reduce the chances of this occurring in the future.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Superintendent and with Investigative staff. Agency policy requiring that any resident who alleges that they suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded, following an investigation by the agency. Sample of alleged sexual abuse investigations completed by the agency. Agency policy requiring documentation of notifications. Sample documentation of notifications. I-A-10.0, Preventing Youth Sexual Abuse (pg. 11, IV.F.3). PSO investigation report. OSP investigation reports. By triangulating the evidence, the Audit Team has verified compliance with this Standard.</p>
--	--

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Standard requires that facility staff be subject to disciplinary sanctions, up to and including termination, for violating agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are to be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are to be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews of investigators and supervisors. Staff disciplinary policy regarding violations of Agency sexual abuse or sexual harassment policies. I-A-10.0, Preventing Youth Sexual Abuse (pg. 5. III). I-D-4.0, Professional Standards Office Investigations (pg. 9, J). Sample violation letter for staff. Since no facility staff was</p>

	found to have violated agency sexual abuse policies, examples were from other agency facilities. Within the context of the Audit, the evidence gathered triangulates to show compliance with this Standard.
--	---

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This Standard requires that “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.” It also requires that “The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.”</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: An interview with the Superintendent, with the PC, with the PCM, and with Investigators, and agency policy requiring that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. I-D-4.0, Professional Standards Office Investigations (pg. 9, IV.J). I-A-10.0, Preventing Youth Sexual Abuse (pp. 5, 19). Additionally, since most of the contractors are teachers, the agreement with the school, and interviews with teachers, also assist in verify compliance. No contractor or volunteer has been found to engage in sexual abuse, so no examples of practice were available. Thanks to a triangulation of evidence, the Audit Team confirms that the agency and facility comply with this Standard.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This Standard requires that residents are to be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. This Standard provides guidelines for disciplinary sanctions for sexual abuse. It prohibits disciplinary action for a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Sexual activity between residents is not held to constitute sexual abuse unless the activity is found to have been coerced.</p>

	<p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with administrators, with medical staff, and with mental health staff; policy which states that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-upon-resident sexual abuse; II-B-2.1, Behavior Management - Youth Refocus Options, including attachment 1. Sample of a “refocus” option given to youth. Use of Isolation as a sanction is prohibited by OYA, in accordance with Oregon Administrative Rules (OAR 416-490-0032(2). However, youth in Isolation must receive basic services, II-B-1.2, Use of Time-out, Room-lock other, Isolation (pg. 11, IV.G.3). Documentation was consistent with this Standard in the investigations regarding the four administrative findings of resident-on-resident sexual abuse. In conjunction with one another, all the pieces of evidence triangulate to prove compliance with this Standard.</p>
--	---

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This Standard relates to the screening conducted for Standard 115.341. When residents have experienced prior sexual victimization, and/or if residents have previously perpetrated sexual abuse, staff are required to ensure that the residents are offered a follow-up meeting with a Mental Health practitioner within 14 days of the screening. The Standard also provides rules regarding information related to sexual victimization or abusiveness.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews with each of the following: residents who disclosed sexual victimization at Risk Screening; medical staff; mental health staff; and staff who perform Risk Screening. Policy on medical and mental health screening. Sample of medical and mental health secondary materials documenting compliance with required services. I-A-10.0, Preventing Youth Sexual Abuse (pg. 14, IV.I. 4). Sample VSABs. Initial mental health assessment and corresponding mental health check-in. Sample from Epic system healthcare software (electronic medical record), which is the secondary documentation system. FAC I-A-10.0(b), VSAB Procedure (pg. 2. F). OYA Informed Consent-Awareness of Information Sharing - 12.1.14. Disclosure of Confidentiality Limitations. YCF Initial Health Screen. Youth Informed Consent Forms TYCF. The Audit Team confirms that the evidence triangulates to prove compliance with this Standard.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Resident victims of sexual abuse, according to this Standard, are to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are to be determined by Medical and Mental Health practitioners, in accordance with their professional judgment. Medical and Mental Health staff are to maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. Treatment services are to be provided to every victim without financial cost, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: interviews with medical staff, with mental health staff, and with residents who reported sexual abuse; and policies and procedures regarding access to treatment services by resident victims of sexual abuse. II-D-1.0, Health Services (pg. 3, III; pg. 9, IV.M). Proof of practice documentation of access to emergency services. HS I-A-10.0, Preventing Youth Sexual Abuse (pg. 2, B). All in all, a triangulation of evidence has been presented of compliance with this Standard.</p>
--	--

<p>115.383</p>	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility is required by this Standard to offer medical and mental health evaluations, and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Resident victims of sexual abuse while incarcerated are to be offered tests for sexually transmitted infections, as medically appropriate. Treatment services are to be 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. Within 60 days of learning of such abuse history, the facility is to attempt to conduct a mental health evaluation of all known resident-on-resident abusers, and it is to offer treatment, when deemed appropriate by mental health practitioners.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with medical staff, with mental health staff, and with residents who reported sexual abuse; and policies and procedures governing ongoing medical and mental health care for sexual abuse victims and abusers. HS I-A-10.0, Preventing Youth Sexual Abuse (pg. 1, Procedure Statement). II-D-1.0, Facility Health Services (pp. 8, IV.M). I-A-10.0, Preventing Youth Sexual Abuse (pg. 16), V.E Mental Health</p>

	Check-in following an incident. Collaboratively, these pieces of evidence triangulate to show compliance with this Standard.
--	--

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This Standard requires facilities to conduct a sexual abuse Incident Review at the conclusion of every sexual abuse criminal or administrative investigation, unless the allegation has been determined to be unfounded; and it should do so within 30 days of the conclusion of the investigation. The sexual abuse Incident Review Team should include upper-level management officials, and it should allow for input from line supervisors, Investigators, and Medical or Mental Health practitioners. The Review Team should consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated by or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred, to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement; and it should submit such report to the Facility Head and to the PREA Compliance Manager.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Superintendent, with the PREA Compliance Manager, and with the Incident Review Team; policies and procedures on conducting sexual abuse Incident Reviews; and documentation of sexual abuse Incident Reviews. I-A-10.0, Preventing Youth Sexual Abuse (pg. 17, V.G.); I-E-4.0, Incident Reviews (pg. 5); IV.E.2, Sample AIRR. The corroboration of interviews, policies, and documents forms a triangulation of evidence that the agency and facility comply with this Standard.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency collects accurate, uniform data for every allegation of sexual abuse,

	<p>using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. The agency aggregates the incident-based sexual abuse data at least annually. The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse Incident Reviews.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: Investigations and Incident Reviews; Interviews with PC and Agency Head; Spreadsheet of investigations; Annual Reports; Agency PREA Page on Website; Screenshots of AIM System; Preventing Youth Sexual Abuse Policy (I-A- 10.0); and Completed Surveys of Sexual Violence. Collaboratively, these pieces of evidence triangulate to show compliance with this Standard.</p>
--	---

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency reviews data collected and aggregated pursuant to §115.387, in order to assess and improve the effectiveness of their sexual abuse prevention, detection, and response policies, and training.</p> <p>Analysis: Evidence considered for compliance with this Standard includes a review of the Annual Reports; the Agency Website; and interviews with the Agency Head, the PC, and the PCMs. The webpage is: https://www.oregon.gov/oya/psa/Pages/prea.aspx. Collaboratively, these pieces of evidence triangulate to show compliance with this Standard.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency ensures that incident-based and aggregated data are securely retained. Agency policy requires that aggregated sexual abuse data be made readily available to the public, at least annually. Before making aggregated sexual abuse data publicly available, the agency does not include personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.</p> <p>Analysis: Evidence considered for compliance with this Standard includes interviews</p>

	<p>with the PREA Coordinator. The agency provided all their investigative documentation and explained their logging system, indicating an accurate method of tracking and reporting their allegations and investigations. The policy review included the I-A 10.0 PREA policy; I-E 3.2 Records Retention, Destruction and Archiving Policy; and Policy I-E-3.2 Information Asset Classification - Protection. Collaboratively, these pieces of evidence triangulate to show compliance with this Standard.</p>
--	--

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency has regular facility Audits as required, with audits occurring every year. Every facility is audited within each three-year audit cycle.</p> <p>Analysis: OYA has demonstrated compliance with this Standard by having all of its facilities audited as required.</p>

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Final Reports are published on an accessible and searchable website: https://www.oregon.gov/oia/psa/Pages/prea.aspx.</p> <p>Analysis: The agency publishes the PREA Audit Final Reports on the same page (with tabs for easy navigation) as the PREA reporting instructions, PREA policies, advocacy resources, and annual reports.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	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 residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	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 residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	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
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	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
	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
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	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 residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, 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
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	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
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	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 is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	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 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	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
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	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

	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
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	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
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	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
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	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
115.365 (a)	Coordinated response	
	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
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	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
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	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
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.371 (h)	Criminal and administrative agency investigations	
	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	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 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	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
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	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
115.376 (d)	Disciplinary sanctions for staff	
	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
	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
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	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
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	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
115.387 (d)	Data collection	
	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
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	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
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	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
115.388 (c)	Data review for corrective action	
	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
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	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
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes