

PREA AUDIT REPORT INTERIM FINAL

JUVENILE FACILITIES



Auditor Information			
Auditor name: Kevin M. Maurer			
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Email: kevin.maurer@us.g4s.com			
Telephone number: 954-790-3735			
Date of facility visit: 07/29/2015			
Facility Information			
Facility name: Camp Florence Youth Transition Facility			
Facility physical address: 04859 South Jetty Road, Florence, OR			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 541-471-2862			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Richard Ross, Camp Director			
Number of staff assigned to the facility in the last 12 months: 28			
Designed facility capacity: 25			
Current population of facility: 21			
Facility security levels/inmate custody levels: OYA does not have a security level classification/Close Custody			
Age range of the population: 18 - 24			
Name of PREA Compliance Manager: Richard Ross		Title:	Camp Director
Email address: richard.p.ross@oya.state.or.us		Telephone number:	541-997-2076 x24
Agency Information			
Name of agency: Oregon Youth Authority			
Governing authority or parent agency: <i>(if applicable):</i> N/A			
Physical address: 530 Center Street NE., Suite 200, Salem, OR 97301			
Mailing address: <i>(if different from above)</i>			
Telephone number: 503-373-7205			
Agency Chief Executive Officer			
Name: Fariborz Pakseresht		Title:	Director
Email address: fariborz.pakseresht@oya.state.or.us		Telephone number:	503-373-7212
Agency-Wide PREA Coordinator			
Name: Dallas Tully		Title:	PREA Coordinator
Email address: dallas.tully@oya.state.or.us		Telephone number:	503-373-7203

AUDIT FINDINGS

NARRATIVE

The Oregon Youth Authority contracted with G4S Youth Services, LLC for a PREA Audit under the Juvenile Standards. Kevin Maurer is the certified DOJ Auditor who completed the PREA audit for Camp Florence Youth Treatment Facility. PREA Audit notices were observed during the on-site tour in various locations. The agency provided a flash drive with all supporting policies, procedures and related documents to the auditor prior to the on-site visit.

On July 29, 2015, the on-site audit was conducted. The auditor met with Superintendent / PREA Manager Richard Ross, PREA Coordinator Dallas Tully, and Winifred Skinner, and Dave Manley via video conference. A review of the on-site audit process was discussed and the facility provided a staff roster and youth roster for the selection of the persons to be randomly interviewed. Immediately following the entrance, the auditor was able to tour the complete facility. All areas as requested by the auditor were observed.

Interviews with staff and resident were conducted. There were ten (9) specialized staff interviewed. It is noted that individual persons serve multiple roles. There were ten (8) random staff interviewed, and there were ten (8) youth interviewed. There were no letters received from youth prior to the audit.

After the completion of the tour and the interviews, the auditor sat with facility staff to review documents provided on the flash drive and to review what additional information was needed. The facility provided additional documents at this time as well as through electronic means after the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

Camp Florence Youth Treatment Facility is located in Florence, Oregon. It is comprised of 1 main building that comprises the dormitory area, kitchen/dining, dayroom, classroom, and offices. There are several outbuildings for storage and a weight room. There is a current male juvenile population of 21 residents, and the capacity of 25.

The Oregon Youth Authority's mission is to protect the public and reduce crime by holding youth offenders accountable and providing opportunities for reformation in safe environments. The agency's vision is that youth who leave OYA go on to lead productive, crime-free lives.

OYA's core values provide the foundation for the decisions, actions and practices that make up the agency's daily work. These core values guide and inform all that agency staff do to protect public safety, reduce crime, hold youth offenders accountable, aid in their reformation, and keep them safe.

The staff practices unwavering adherence to professional standards and perform their work competently and responsibly. They conduct their jobs in an open and inclusive manner, and take responsibility for the outcomes of their performance. As stewards of the public trust, the staff displays ethical and honest behavior in all that they do. They treat others with fairness, dignity and compassion, and are responsive to their needs.

SUMMARY OF AUDIT FINDINGS

On July 29, 2015, Camp Florence Youth Treatment Facility had its on-site PREA Audit completed. The results of the audit indicate that the facility is in full compliance with PREA Standards, and a final report is being issued.

It should be noted that the staff of the Oregon Youth Authority and Camp Florence Youth Treatment Facility were very well prepared and organized for the on-site audit, and all pre-audit materials were in order and well highlighted. This shows the dedication and concern for the PREA program from both a corporate as well as a program level.

Number of standards exceeded: 6

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

OYA Policy 10.0 mandates that the facility has a Zero-Tolerance Policy against Sexual Abuse and Sexual Harassment. The policy outlines implementation, definitions, sanctions, reporting and responses. The facility organizational chart identifies the Superintendent as the Facility PREA Manager. The agency organizational chart includes the PREA Coordinator under Professional Standards.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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This standard is not applicable as the agency reports no contracts with other entities for the confinement of residents.

Standard 115.313 Supervision and monitoring

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

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The agency requires the facility to comply with its staffing plan. The plan addresses all required subsections of the standard. This was put into effect June 1, 2015. While not at full capacity, ratio's are maintained regardless of the number of youth present. Unannounced walk-throughs are conducted and documented. Samples reviewed include all shifts and are conducted minimally one time per month. A review of samples of the unannounced walk-throughs indicate that the facility is compliant with policy. Interviews confirmed staff have observed these rounds. Current ratio's are within requirements of the standard. Note that the ratios maintained do not include specialized staff during the day and swing shifts.

Standard 115.315 Limits to cross-gender viewing and searches

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

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The facility does not conduct cross-gender strip and visual body cavity searches. Policy requires comprehensive search (strip search) only by staff of same gender. Policy does not allow for opposite gender staff to conduct comprehensive searches in exigent circumstances. Privacy screens are installed around each shower, tub, and toilet to allow for privacy of use. Female staff announce themselves prior to opening the bathroom door and when entering the main dormitory sleeping area.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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The agency provides for a variety of interpreters for youth with disabilities or who are limited English proficient. There are contracts with Hearing Impaired and Sign Language Interpretation. Educational staff assist with the education of youth with disabilities. The agency is committed to assisting with youth who are Limited English proficient, and there is a policy dedicated to not only providing appropriate services through external resources, but also encourages staff to learn a second language.

Standard 115.317 Hiring and promotion decisions

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

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The agency utilizes an on-line computer system for hiring and applying for promotions. The system includes a questionnaire regarding prior sexual abuse or sexual activity as required by standard. The agency conducts criminal background checks on all applicants (including any contractor, volunteer, or intern). Five (5) years background screenings are conducted and documented. Interviews confirm that annual background screenings are being implemented. Staff promotions require a background check less than 1 year old. Policy allows for termination for material omissions. Policy allows for the sharing of information with other institutional employers.

Standard 115.318 Upgrades to facilities and technologies

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

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The facility has not had any recent upgrades to the facility and technologies, however there are some in the planning stages which are discussed during facility and agency meetings.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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All allegations of a sexual nature are referred for investigation. The Oregon Youth Authority Professional Standards conducts administrative investigations and the Oregon State Police conduct criminal investigations. There is a Sexual Abuse Response Plan that addresses all requirements regarding evidence collection that meets all requirements of the standard. All youth are offered forensic medical examinations at Peace Harbor Medical Center, where the hospital reports that a SAFE/SANE staff is present daily. The agency has an MOU with the Sexual Assault Support Services to provide for victim advocacy services as well as a means for youth to report abuse. There were no forensic examinations required in the past 12 months. The agency also has an agreement with the Oregon State Police for the provision of criminal investigations.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

The agency has a policy that dictates that all allegations of sexual abuse or sexual harassment shall be investigated. There is an Inter-Agency Agreement with the Oregon State Police, and this is available on the Agency website. There was one allegation of sexual abuse or sexual harassment during the previous 12 months. I required an administrative investigation but not a criminal investigation.

Standard 115.331 Employee training

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

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

OYA Policy 10.0 addresses all requirements of the standard. All staff, contractors and volunteers are required to complete the on-line PREA training. This auditor was also required to complete the class prior to contact with the residents. All staff receive additional PREA information through New Employee Orientation and In-service Training. All specialized staff (SARRT, Medical, Mental Health and Investigators) are also required to complete this training in addition to their specialized training. All records of staff completion of the training is maintained electronically.

Standard 115.332 Volunteer and contractor training

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

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

Agency policy requires all volunteers and contractors to complete the PREA On-Line Training. A file review and interview confirmed that this is completed.

Standard 115.333 Resident education

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

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

Agency policy requires that all youth receive both intake and comprehensive PREA education. Both of these are conducted on the youth's first day. All education is documented and samples were verified. Each youth is provided a card that identifies the OYA agency phone number for reporting sexual abuse as well as identifies other reporting methods. Each youth is also provided a Safety Guide which clearly identifies and discusses in age appropriate language the agency's Zero-Tolerance Policy, easy to understand description of abuse and sexual activity, steps to keep a youth safe, and how to report abuse. There are posters throughout the facility that remind youth of sexual abuse reporting methods. Current education is immediately available in English and Spanish, but there are systems for providing education to youth with disabilities or who are limited English proficient.

Standard 115.334 Specialized training: Investigations

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

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There are four (4) investigators who have received specialized training for conducting investigations. A review of all four specialized staff training records verified completion of training. Interview confirmed completion of training. Training curriculum includes specific training as identified in the standard.

Standard 115.335 Specialized training: Medical and mental health care

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

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

Agency policy requires medical and mental health staff to receive additional specialized training as per the standard. Training records indicate that training was completed through the National Institute of Corrections. Additionally, all medical and mental health staff have completed the standard staff PREA training as required by policy. Interview with staff stated that they had received specialized training. Records indicated that they had completed the training within the past 12 months.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

OYA Policy 10.0 requires all youth to receive a risk assessment (Sexual Violence Assessment Tool), along with other assessments. The information gathered meets the requirements of the standard and is objective in nature. Staff interviews indicate that this is completed within 24 hours of the youth's arrival, usually on the same day. In addition to the re-assessment when new information is obtained and semi-annually for any LGBTI youth, the agency policy requires an annual re-assessment. The Multidisciplinary team looks at housing as a normal part of their review. Through the JJIS system, where the results of the screening is stored, the agency has placed controls on the dissemination of the information to only the Treatment Manger and Qualified Mental Health Professional.

Standard 115.342 Use of screening information

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

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The agency policies allow for information gathered at intake to be used for housing and program assignments. Isolation is used only in cases where alternative measures of protection are not available or useful. There is no isolation at Camp Florence YTF, therefore, no youth were placed in isolation due to victimization in the past 12 months. LGBTI residents are not placed in housing or programming solely based on their identification or status as an LGBTI resident. All youth are afforded the right to shower separately from other youth.

Standard 115.351 Resident reporting

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

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The agency provides multiple methods for youth to report sexual abuse, sexual harassment, retaliation and staff neglect that may have contributed to an incident. Youth may make a verbal report or write a letter to a parent/guardian, volunteer or legal representative. They may file a grievance. For contact with an external agency, the phone number for the Sexual Assault Support Services is posted throughout the facility. Additionally, youth are also allowed to send a letter to the Governor's Constituent Services Offices. There are posters in areas where visitors may congregate that note third-party reporting methods. During the tour, youth showed the auditor the card that they receive provides how to report allegations of abuse. Agency policy does not allow youth to be detained solely for civil immigration purposes.

Standard 115.352 Exhaustion of administrative remedies

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

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The agency allows youth to submit a grievance regarding sexual abuse. The agency has a policy that addresses all components of the standard. Youth grievances are placed by youth in a secured box which is emptied daily by a person who has little contact with youth. All grievances are addressed with youth within 10 days. Grievances that allege sexual misconduct are treated as emergency grievances and are responded to within 24 hours. Third-party persons are permitted to assist youth in filing a grievance. Filing a grievance in bad faith is not a prohibited behavior. There were 0 grievances filed alleging sexual misconduct in the past 12 months.

Standard 115.353 Resident access to outside confidential support services

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

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The agency has provided for access to outside support services through an MOU with the Sexual Assault Support Services. Policies allow for youth to access both agencies, as well as legal services, through mail, telephone and visits. Youth interviews confirm access to phones, mail and visitation, as well as being aware of mandatory reporting requirements of staff.

Standard 115.354 Third-party reporting

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

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The agency provides a variety of methods that allow for third-party reporting. Parents/guardians are provided information in the Family Guide. Visitors are provided reporting methods through posters in the facility which note the OYA Hotline phone number. The agency website also provides for electronic reporting of any complaints, including sexual misconduct.

Standard 115.361 Staff and agency reporting duties

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

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OYA Policy 10.0 requires all staff to immediately report any knowledge, suspicion or information regarding sexual misconduct, retaliation or staff neglect which contributed to an incident. Staff interviews confirmed that all staff are aware of the requirements, as well as being aware of alternative methods to reporting other than directly to their supervisor. Staff, including medical and mental health staff, interviews confirm awareness of state mandatory reporting requirements. Policy prohibits staff from revealing information to persons other than those necessary for investigation, treatment and other security/management decisions. Medical staff provide youth with information regarding their duty to report and confidentiality limitations at intake. The agency has in place a process for notification to the parent/guardian, caseworker and legal representative. All allegations, regardless of reporter or reporting method, are reported to appropriate investigators.

Standard 115.362 Agency protection duties

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

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Policy details steps to be taken by staff when a youth is found to be subject to a substantial risk of imminent sexual abuse. Staff interviews confirmed that they are aware of the required steps in order to protect youth as well as their duty to report to their supervisor.

Standard 115.363 Reporting to other confinement facilities

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

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The agency policy requires notification to other facilities when allegations are made. Notification is required to be completed within 72 hours and is to be documented. Interviews confirm that there were no reports in the last 12 months. Additionally, policy does not differentiate between allegations received at the facility and those made from another facility. All reports of sexual misconduct are investigated.

Standard 115.364 Staff first responder duties

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

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Agency policy requires the separation of victim from perpetrator, preservation of physical evidence that may be present on both victim and perpetrator, and securing the crime scene. The First Responder Check List contains all elements. Interviews with staff confirm that they have a clear understanding of the steps to be completed when they become informed of an allegation of sexual abuse. All staff receive the same training.

Standard 115.365 Coordinated response

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

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The facility has a Protocol Action Plan that is specific to the facility. This plan includes a checklist for each step in the process. For those steps that require an outside person to be contacted, the name and/or department and the phone number is present. For emergency care, the hospital name, address and phone number is also present on the form.

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

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

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Collective Bargaining Agreement, SEIU Local 503, OPEU, effective through June 30, 2015
Interviews

The Collective Bargaining Agreement allows for the suspension with pay or Duty Station at Home for pending investigations in order to limit alleged staff sexual abusers from youth pending the outcome of an investigation.

Standard 115.367 Agency protection against retaliation

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

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Agency policy requires periodic checks for both youth and staff who report or cooperate in an investigation of sexual misconduct. Both processes require a minimum of 90 days of tracking, with 30 day interim contact. The agency utilizes bed reassignment, facility transfers, emotional support services and mental health support for youth. The agency utilizes facility transfers, shift changes and support services for staff. The SARRC log will show that 30 day contact is made with all resident victims or youth who cooperate as required by standard. Interviews confirm that these processes are used to provide protection for both staff and youth and are conducted as required by policy. There were no instances of retaliation at this facility.

Standard 115.368 Post-allegation protective custody

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

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Agency policy allows the use of segregated housing (isolation) to protect a youth. Interviews confirm policy; however, it was made clear that this is an absolute last resort to segregate a victim. There is no isolation at Camp Florence YTF. Victims are usually moved to an alternative program while being provided emotional support services. There were no instances of the use of post-allegation protective custody at this facility.

Standard 115.371 Criminal and administrative agency investigations

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

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

The agency conducts administrative investigations while Oregon State Police (OSP) are responsible for criminal investigations. In sexual abuse cases all staff are required to preserve physical evidence and the secure the crime scene until OSP arrives. All internal investigators have received specialized training in investigations as required. A request to Oregon State Police requesting compliance with PREA standards in conducting investigations was in place and the OSP investigation policy is posted on the OYA website. Policy requires that no investigation is terminated solely on the recanting of the allegation, or on the release of a staff member from employment. All allegations that appear criminal are referred to the OSP. Administrative investigations include staff actions and are documented as required by standard. Criminal investigations are documented and the original is maintained by OSP. Policy requires all reports be maintained for 20 years. Interviews confirm that the staff shall comply with OSP investigations, as well as the facility shall stay in contact with OSP during an open investigation. The agency has a flowchart to assist with ensuring that all required persons are notified of an allegation.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Agency policy states that the standard of preponderance of the evidence is required in determining the outcome of sexual abuse or sexual harassment administrative investigations. This was confirmed during the interviews.

Standard 115.373 Reporting to residents

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

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

Agency policy mirrors the PREA standard. The facility is responsible for informing the youth of the outcome of all investigations. The facility shall work with the Oregon State Policy when the case is closed for reporting to the youth. There was one allegations which was investigated. This allegation did not require a criminal investigation from an outside agency and the youth was advised of the outcome.

Standard 115.376 Disciplinary sanctions for staff

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

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

Agency policy identifies termination as the presumptive disciplinary action for staff who engage in sexual abuse and there are disciplinary sanctions imposed for staff who violate agency policies regarding sexual harassment or sexual abuse, up to and including termination. All disciplinary action is based upon the nature and circumstances of the act(s) committed and prior history of the staff. In the past 12 months, no staff has has been terminated for violating policy. Agency policy requires that all terminations or resignations prior to termination for sexual misconduct is reported to law enforcement, if criminal, and to any relevant licensing bodies if applicable.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Agency policy requires that all terminations or resignations prior to termination for sexual misconduct is reported to law enforcement, if criminal, and to any relevant licensing bodies if applicable. As policy prohibits the contact of any person who has engaged in sexual abuse, a contractor or volunteer would be prohibited from returning to the facility. There were no incidents of allegations against contractors or volunteers.

Standard 115.378 Disciplinary sanctions for residents

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

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

The agency policy allows youth to be subject to disciplinary sanctions pursuant to a formal disciplinary process. There were no allegations of youth-on-youth sexual abuse reported in the past 12 months,. The agency has a Behavior Focus Option Chart which details the available disciplinary sanctions available for youth which includes Special Program Placement, Isolation, Transfer or Program Restriction. If the youth is a DOC youth, they can be remanded back to DOC. This system allows for sanctions to be commensurate with the nature of the incident or other factors and any mental disabilities or illnesses that contributed to the incident. Policy allows for a maximum of 5 days isolation and all provisions of exercise and access to medical, mental health and education are provided. Interview with staff confirms interventions to address and correct offending behaviors. Policy prohibits sexual activity between residents. Policy prohibits disciplinary action for reports made in good faith regardless of outcome of the investigation.

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

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

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

Agency policy requires that all youth who report a prior victimization be offered medical or mental health services within 14 days. Policy also requires that all identified perpetrators be offered a follow-up with mental health within 14 days. There were no disclosed prior victimizations or perpetrations that required follow-up services in the past 12 months. All youth are provided a form which details the facilities confidentiality limitations and informed consent which they sign. These forms are a part of the Initial Health Screen form to ensure that these are completed as required by policy.

Standard 115.382 Access to emergency medical and mental health services

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

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

All youth receive timely, unimpeded access to emergency medical treatment and crisis intervention services as per policy. Interviews confirm this process. The Protocol Action Plan details steps for provision of medical services, notification of medial and steps to protect the victim. Interviews confirm provision of STD prophylaxis are completed at the hospital, as well as through physician orders. Policy requires that any victim be seen by medical within 24 hours of the medical exam to evaluate for potential suicide and anxiety disorders, and treatment needs for victimization. Treatment plans would follow based on the assessment. All medical care is provided at no financial cost to the victim.

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

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

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

Interviews confirm that all treatment for victims of sexual abuse are per physician order. Policy requires that any victim be seen by medical within 24 hours of the medical exam to evaluate for potential suicide and anxiety disorders, and treatment needs for victimization. Treatment plans would follow based on the assessment. Additional services are available upon youth’s return to the community or transfer to another OYA facility.

Standard 115.386 Sexual abuse incident reviews

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

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

The agency policy requires an incident review at the conclusion of a sexual abuse investigation. Policy requires this to be completed within 7 days. The review team includes persons as identified by standard. All considerations of the standard are addressed during the review. Interviews confirm that all components of the standard are required and are completed. There was one investigation that required an incident review.

Standard 115.387 Data collection

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

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

The agency collects information on each allegations of sexual abuse for each facility under it's direct control. A review of information found that this is collected annually and is reviewed and reports to DOJ as required. There are no other facilities in which data is collected based on the lack of external contracts for the confinement of youth.

Standard 115.388 Data review for corrective action

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

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

The agency has posted its 2013 Annual Report regarding Sexual Abuse on their website. This comprehensive report details the history of OYA and PREA implementation, including their efforts since implementation in 2005. Comparison data for the agency as a whole is present from 2005-2013. There is a detailed assessment of the agency's efforts broken down by standard. Facility specific information include comparison data from 2011-2013 and a brief report of their problem areas, corrective actions and on-going challenges.

Standard 115.389 Data storage, publication, and destruction

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

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

The agency policies require security of documents and specific handling of collected data. There is an Information Handling Guideline which details the specific type of document and how it is to be handled based on critical level. All sexual misconduct documents are considered Critical Level 3 - the most sensitive documents that is exempt from public information in that disclosure may jeopardize the privacy of the victim. Critical Level 3 documents are only released to those with appropriate authorization. Policy requires the retention of sexual misconduct document for 20 years.

AUDITOR CERTIFICATION

I certify that:

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

Kevin M. Maurer

08/26/2015

Auditor Signature

Date