

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report 5/14/18

Auditor Information

Name: Dorothy Xanos Email: dorothy.xanos@truecorebehavioral.com

Company Name: TrueCore Behavioral Solutions, LLC

Mailing Address: P.O. Box 4068 City, State, Zip: Deerfield, Florida 33442

Telephone: (813) 918-1088 Date of Facility Visit: 3/08/18 – 3/09/18

Agency Information

Name of Agency Governing Authority or Parent Agency (If Applicable)

Oregon Youth Authority Click or tap here to enter text.

Physical Address: 530 Center Street NE Ste. 500 City, State, Zip: Salem, Oregon 97301

Mailing Address: Click or tap here to enter text. City, State, Zip: Click or tap here to enter text.

Telephone: (503) 373-7205 Is Agency accredited by any organization? Yes No

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency mission: Oregon Youth Authority's (OYA) is to protect the public and reduce crime by holding youth offenders accountable and providing opportunities for reformation in safe environments.

Agency Website with PREA Information: <https://www.oregon.gov/oya/pages/psa/prea.aspx>

Agency Chief Executive Officer

Name: Joe O'Leary Title: Director

Email: Joe.Oleary@oya.state.or.us Telephone: (503) 373-7212

Agency-Wide PREA Coordinator

Name: Dallas Tully Title: PREA Coordinator

Email: Dallas.Tully@oya.state.or.us Telephone: (503) 373-7203

PREA Coordinator Reports to: Dave Manley, Professional Standards Office Chief Investigator	Number of Compliance Managers who report to the PREA Coordinator 10
--	--

Facility Information

Name of Facility: Rogue Valley Youth Correctional Facility

Physical Address: 2001 NE F Street, Grants Pass Oregon 97526

Mailing Address (if different than above): Click or tap here to enter text.

Telephone Number: (541) 471-2862

The Facility Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Facility Type: Detention Correction Intake

Facility Mission: Rogue Valley Youth Correctional Facility's mission is to provide youth committed to Oregon Youth Authority with a structured environment with an emphasis on positive human development.

Facility Website with PREA Information: <https://www.oregon.gov/oya/pages/psa/prea.aspx>

Is this facility accredited by any other organization? Yes No

Facility Administrator/Superintendent

Name: Ken Jerin **Title:** Superintendent

Email: ken.jerin@oya.state.or.us **Telephone:** (541) 471-2862 ext. 383

Facility PREA Compliance Manager

Name: Randy Guisinger / Catherine Byrne **Title:** Program Director/Living Unit Manager

Email: randy.guisinger@oya.state.or.us & Catherine.byrne@oya.state.or.us **Telephone:** (541) 955-6384 & (541) 955-6832

Facility Health Service Administrator

Name: Dr. Marcia Adams **Title:** Health Services Director

Email: marcia.adams@oya.state.or.us **Telephone:** (503) 986-0349

Facility Characteristics

Designated Facility Capacity: 100 **Current Population of Facility:** 92

Number of residents admitted to facility during the past 12 months 110

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more: 110

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		110
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	15-23	
Average length of stay or time under supervision:		278 days
Facility Security Level:		OYA does not have security level classification
Resident Custody Levels:		Close Custody
Number of staff currently employed by the facility who may have contact with residents:		118
Number of staff hired by the facility during the past 12 months who may have contact with residents:		118
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		21
Physical Plant		
Number of Buildings: 4 + 1 new school building	Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:	0	
Number of Open Bay/Dorm Housing Units:	4	
Number of Segregation Cells (Administrative and Disciplinary):	12	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
<p>Rogue Valley Youth Correctional Facility has a system that monitors both areas inside and outside of the facility. There is a very high level of camera coverage (119 cameras). There are fifteen (15) cameras on each of the four (4) living units. This system is actively monitored via screens, as well as 24/7 monitoring with several larger monitors in Central Control. This system automatically records and can take "snapshots" and is available for use in post-incident investigations and reviews. All isolation cameras are set for privacy so no toilet can be seen. Managers only have the ability to review video.</p>		
Medical		
Type of Medical Facility:	Medical clinic/exam room	
Forensic sexual assault medical exams are conducted at:	Three Rivers Community Hospital	
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	61 Volunteers/21 Contractors	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	3	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA audit of the Rogue Valley Youth Correctional Facility (Rogue Valley YCF) was conducted on March 8 - 9, 2018 by Dorothy Xanos, US DOJ Certified PREA Auditor. The audit begins with the notification of the on-site audit that was posted by January 23, 2018, six weeks prior to the date of the on-site audit. The posting of the notices were verified during the tour and verified by photographs received on the USB flash drive from the OYA PREA Coordinator. The photographs indicated notices were posted in various locations throughout the facility including the lobby area, visitation area, medical area, intake/admission area and all four (4) housing units. This auditor did not receive any communication from the staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation for all forty-one (41) standards were received by February 8, 2018. The documentation was uploaded to a USB flash drive and it was easy to navigate, however the information in regards to the Pre-Audit Questionnaire and supporting documentation did not sufficiently address a number of the standards.

A conference call was conducted prior to the site visit with the Program Director/PREA Compliance Manager to review the schedule and discuss some missing information from the flash drive. The Program Director/PREA Compliance Manager sent some documentation to this auditor prior to arrival to the facility. Also a number of supporting documents were provided during the on-site visit to address some of the deficiencies and are summarized in this report under the related standards.

The on-site audit was conducted on March 8 - 9, 2018. An entrance briefing was conducted with the Superintendent, Program Director/PREA Compliance Manager, Living Unit Manager, Security Manager, Group Living Coordinator, and OYA Rules and Policy Coordinator. Also via telephone the OYA PREA Coordinator, OYA Internal Auditor, OYA Facility Services Chief of Operations, and OYA Acting Deputy were present during the entrance briefing.

During the briefing, it was explained the audit process and a tentative schedule for two (2) days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire facility was conducted including the secure entrance/lobby area with administrative offices, conference rooms, main kitchen area, intake/admission area, sally port area, (6) isolation rooms, central control room, medical area, maintenance area, storage areas, gymnasium & weight room, library, education offices, barber shop, recreation area, vocational area and (4) dormitory/housing units with an open bay area, control room/staff office, (2) bathroom/shower areas, multi-purpose dayroom area, kitchen/dining area, classroom, storage areas and staff office. Also, located in the housing units were two (2) secure boxes for residents. One box was for sick call forms that are checked daily by the nurse and the other box was for grievances that are checked daily by the Living Unit Manager.

During the tour, residents were observed to be under constant supervision of the staff while involved in various activities. The facility was clean and well maintained. Notification of the PREA audit was posted in all locations throughout the facility as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There were no cameras installed in the resident rooms or shower areas so residents are not seen on the surveillance system while showering or toileting. During the tour, it was observed that the toilets located in the bathroom/shower areas did allow for privacy.

During the two (2) day on-site visit, there were a total of ninety-two (92) residents in the facility. Eighteen (18) residents were randomly selected from all four (4) dormitory/housing units with a resident list provided by the Superintendent for the interview process. Six (6) of the eighteen (18) residents randomly selected were identified from the required list of resident interviews. They are as follows: (1) resident who reported sexual abuse, (4) residents who identified as bi-sexual and (1) resident who identified as gay. The facility did not have any other residents identified in the other required categories i.e. isolation, cognitive disability and who reported sexual victimization during risk screening.

Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administrative staff, the hot line, and the grievance process. The community victims' advocacy services address and telephone number is available to the residents located throughout the facility. There is evidence of the Superintendent obtaining a Memorandum of Understanding that was reviewed and signed on 12/8/14 with Women's Crisis Support Team to provide confidential emotional support to residents who are victims of sexual abuse at the facility. Three Rivers Community Hospital (SANE & SAFE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. Also, this auditor contacted a representative from Women's Crisis Support Team via telephone during the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide emotional support services.

Thirty-one (31) staff were formally interviewed including (14) staff from all three (3) shifts, (2) medical and mental health staff, (1) first responder, (1) staff supervising isolation, (2) contractors (teachers), Superintendent, Living Unit Manager, Program Director/PREA Compliance Manager were interviewed during the two (2) days of the on-site visit. Additionally, interviews were conducted via telephone with the OYA Director, OYA PREA Coordinator, OYA Agency Contract representative, OYA Human Resources representative, and OYA Investigator prior to the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with Superintendent, Program Director/PREA Compliance Manager, Group Living Coordinator, and OYA Rules and Policy Coordinator. Also via telephone the OYA PREA Coordinator, OYA Chief Investigator, OYA Internal Auditor, and OYA Facility Services Chief of Operations were present during the exit briefing. At the exit debriefing, it was discussed additional documentation was required for four (4) standards and it was determined this information would be sent to this auditor within the next three (3) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by OYA Rules and Policy Coordinator prior to the submission of this report. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards. The final PREA report was begun on May 14, 2018 however the report was delayed due to an unforeseen illness of the auditor.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Rogue Valley Youth Correctional Facility (Rogue Valley YCF) is a hundred (100) bed secure facility for male residents governed by Oregon Youth Authority (OYA) located in Grants Pass, Oregon. The facility is considered a single story building centered around a courtyard. The program provides support for residents to gain the necessary skills to change their lives. Residents engage in restorative justice practices to take accountability and repair harm. The goal is to empower residents to effectively manage their relationships and to positively contribute to their communities. Rogue Valley YCF's staff provides evidenced based programming, treatment and life skills i.e. ART (Aggression Replacement Therapy), Alcohol and drug treatment, CBT (Cognitive Behavioral Treatment), cultural diversity and gang awareness, (DBT) Dialectical Behavioral Therapy, individual and family counseling, sexual offending behavior, skills development, transitional preparedness, violent offenders group, vocational and educational opportunities. The resident's average length of stay is nine (9) months and can be extended if necessary. The average age of the residents is between 14 - 23 years old. Residents under the age of 13 could also potentially be detained if ordered by the Court. There were ninety-two (92) residents at the facility at the time of the review.

The facility's physical plant is a single story building with a fenced secured area centered around a courtyard. There is a secure entrance/lobby area with administrative offices, conference rooms, intake/admission area, sally port area, (6) isolation rooms, central control room, (2) non-contact visitation rooms, main kitchen area, medical clinic, boiler room/maintenance shop, storage areas, gymnasium includes weight equipment, library, recreation area, vocational area, and (4) dormitory/housing units. All four (4) dormitories consist of an open bay area with twenty-five (25) bunk beds, (2) bathrooms that contain (3) toilets, sinks and showers with privacy walls, control room/staff office, multi-purpose dayroom area, kitchen/dining area, classroom, storage areas and staff office. The facility is video monitored and recorded to ensure safety and security of all residents. The courtyard area is an outside area with sidewalks, grass and is used as an additional recreational area.

The facility has a staffing pattern that supports a high level of supervision and supportive interventions for residents. The facility is staffed with one hundred eighteen (118) full-time and part-time employees. The staff consisted of: Superintendent; (2) Program Directors; (4) Living Unit Managers; Security Manager; (4) Qualified Mental Health Professionals; (8) Youth Corrections Unit Coordinators; (3) Nursing Staff; (76) Group Life Coordinators and (19) other staff (Administrative, Food Service, Maintenance and Temporary). In addition, there are sixty-one (61) religious volunteers who are authorized to enter the facility.

The medical staff consists of three (3) full-time professional nurses (licensed registered nurse) providing nursing services on-site twelve (12) hours daily during the week and ten (10) on the weekends. There is an on-call physician available 24/7. Additionally, the nurse is supervised by a regional registered nurse supervisor who is responsible for coordination of the medical services and medical clinics. The facility has contracts with the local hospital for 24 hour emergency needs. A medical physician visits the facility weekly. Also, the nurse provides health education and counseling about a variety of health topics. The medical staff provides medical care to include: completing the initial intake assessment, review intake referrals, routine and additional lab work as ordered, STD

testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams, dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Several on-site medical clinics occur including a weekly medical clinic, a weekly mental health clinic, and participation in weekly treatment planning meetings. The dental services are provided off campus and consisted of dental care, cleaning, education, and treatment fillings to extractions. All residents are seen by the dentist at least annually for a wellness check. Women's Crisis Support Team is the program identified to provide confidential emotional support to residents who are victims of sexual abuse at the facility. Three Rivers Community Hospital (SANE & SAFE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. The facility has contracted an optometrist who provides routine eye exams and a psychiatrist providing psychiatric services. Psychological assessment and treatment services are provided utilizing individual and group therapy to address more complex mental health needs, exposure to traumatic situations and substance abuse counseling.

New Bridge Educational staff consisted of a Principal; Office Manager; Special Education Teacher; (6) Teachers; Manufacturing Technology Teacher; (3) Education Assistants and Barbershop Instructor who provide educational classes at the facility. The educational staff will assess each resident upon arrival to aide with proper grade level placement. Each resident under goes a series of pre-tests to determine their level of performance and then given assignments based on the results of the pre-tests. The educational program offers comprehensive instruction for middle and high school students. The goal is to promote learning and development through a wide range of educational and vocational learning experiences. Their vision is to provide a safe, caring, instructional environment where students with social and educational challenges can best develop the skills and character necessary to rejoin their communities with success

The residents participate in an individual education program that is designed for them. The facility provides an educational program during the week in order for residents to maintain their grades and the continuity of care upon return to their community schools. The program is designed for residents to have the opportunity to learn at the highest level possible. The instructional program encourages the residents to explore their abilities to learn, understand their cultural backgrounds, and enhance their future. Residents receive instruction in life skills, English, mathematics, social studies and science. When a resident completes high school, there education continues at the facility by taking on-line classes at the local community college. The vocational programs include manufacturing technology, business technology and barbershop program.

Recreation and leisure time activities are available to the residents. These activities consist of: sports, team building activities, board games, arts and crafts, and outside recreation weather permitting. There are varied locations for recreation that include the housing units, gymnasium, and resident activity center.

Summary of Audit Findings

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

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

Number of Standards Exceeded	3	(115.311 & 115.317 & 115.331)
-------------------------------------	---	-------------------------------

Number of Standards Met	38
--------------------------------	----

Number of Standards Not Met:	0
-------------------------------------	---

Summary of Corrective Action (if any)	NA
--	----

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.311 (a)

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

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No

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

115.311 (c)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 outlines how each facility implements its approach to preventing, detecting and responding to all approaches of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Also, the policy provided comprehensive guidelines and a training foundation for implementing each facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents. OYA's PREA Office has also required each superintendent statewide to designate at their facility a PREA Compliance Manager. It is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the residents in their care throughout the State of Oregon.

Oregon Youth Authority has a designated juvenile PREA Coordinator, she reports directly to the Professional Standards Office of Chief Investigator, OYA. The PREA Coordinator works statewide to implement the PREA Standards and indicated she has sufficient time and authority to develop, implement and oversee the agency's efforts toward PREA compliance of ten (10) residential facilities with the support of the executive administration.

The Rogue Valley Youth Correctional Facility's Superintendent has designated two (2) PREA Compliance Managers however the primary PREA Compliance Manager is the Program Director. An interview with Rogue Valley YCF's PREA Compliance Manager indicated he had sufficient time and authority to develop, implement and oversee the facility's PREA compliance efforts to comply with the PREA standards and perform other duties as assigned. He has created PREA Reference Binders that are located in several areas of the facility that contain the Facility PREA First Responder Checklist, reporting process and forms for the facility staff.

It was evident during staff interviews that staff had been trained and are knowledgeable of OYA Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment including all aspects of sexual abuse and sexual harassment in accordance with the requirements. Also, during the tour of the facility, the observation of bulletin boards, posters, reviews of staff and resident handbooks, review of a parent packet, training curriculums confirmed the facility's commitment and dedication to create a PREA compliant culture.

Standard 115.312: Contracting with other entities for the confinement of residents

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

115.312 (a)

- 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.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

An interview with the PREA Coordinator and a review of documentation confirmed that the Oregon Youth Authority does not contract for the confinement of residents with private entities or other entities including other government agencies, therefore this standard is not applicable to this facility.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- 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 No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 internal or external oversight bodies? Yes No
- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- 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 No NA
- 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 No NA
- 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 No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

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

115.313 (e)

- 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 No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- 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 functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Oregon Youth Authority (OYA) Policy II-A-3.0 [Security (Interactive Supervision of Youth)] revised July 2017 contained the required information identifying each facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of residents, account for departmental resident to staff ratios, physical plant, video monitoring, and federal standards. Also, the policies contained information identifying each facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts documenting the information in JJIS Unit Logs that contains observations of all areas of the facility.

According to the policy, Rogue Valley YCF's staff-to-youth ratio is identified to meet the PREA standard (1:8 during the resident waking hours and 1:16 during resident sleeping hours). Rogue Valley YCF's staffing plan was developed, implemented and approved January 24, 2018 and in compliance with the standard. An interview with the Superintendent and the documentation confirmed on an annual basis, there is a review of the facility's staffing plan. During the initial documentation review, the facility did not report deviations from the staffing plan during the past twelve (12) months, their critical positions are always filled, it is a mandate, and minimum staff ratios are always maintained. The facility has a mechanism in place for call outs and staff volunteer to stay over if needed.

Rogue Valley YCF is a secure facility and utilizes constant video and staff monitoring to protect the residents from sexual abuse and sexual harassment. The Superintendent, Program Directors and Living Unit Managers conduct and document unannounced rounds on all three (3) shifts and in all areas of the facility to monitor and deter staff sexual abuse and sexual harassment on a quarterly basis. All unannounced rounds are documented in the JJIS Unit Logs that contains information and observations of all areas of the facility. The documentation, Superintendent and staff interviews confirmed the process takes place in the facility.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- 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 No NA

115.315 (e)

- 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 No
- If a resident's genital status is unknown, does the facility 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? Yes No

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The initial review of the Oregon Youth Authority (OYA) Policy II-A-2.0 [Security (Searches of Youth and Youth Property in OYA Facilities)] revised June 2017 and Policy II-A-3.0 [Security (Interactive Supervision of Youth)] revised July 2017 required each facility to maintain protocols on limited pat down searches to same gender staff absent exigent circumstances, shower procedures, opposite gender announcing when entering housing areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. Also, policy requires all staff to document (JJIS Unit Log) any cross-gender pat down searches.

A review of the training documentation and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful, professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. Most staff interviews were able to describe what an exigent circumstance would be but in most instances were not knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. Most staff interviews could not identify the OYA policy on prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident's genital status. Residents stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. Most staff and resident interviews indicated that staff of the opposite gender entering their housing area would consistently announce themselves.

All staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Additionally, staff and resident interviews indicated that female staff are prohibited from entering the bathroom/shower area while residents are showering. During the facility's tour, it was observed the bathroom/shower areas in the housing/dorm areas did allow for privacy. There has been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of residents in the past twelve (12) months. Also, there have been no exigent circumstances of cross-gender pat down, strip or visual body cavity searches conducted of residents in the past twelve (12) months.

After the on-site visit, all staff were re-trained on cross-gender pat searches and searches of transgender and intersex residents, prohibiting cross-gender strip or cross-gender visual body cavity searches of residents and prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident's genital status. The OYA's Rules and Policy Coordinator sent the documentation of the re-training prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

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

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

115.316 (a)

- 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 No

- 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 No
- 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 No
- 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 No
- 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 speech disabilities? Yes No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

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

115.316 (c)

- 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 and Policy I-D-2.1 (Use of Language Services; English Plus) revised April 2016 contained procedures to be taken to ensure residents with disabilities or who are limited English proficient have an equal opportunity and are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Also, the policy indicates each facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a resident's safety. OYA has established a contract (Immigrant and Refugee Community Organization) for statewide services to provide residents who are limited English proficient with various interpreter services on an as needed basis. DHS Oregon's Deaf and Hard of Hearing Services has a website to access an on-line request form to request for communication services for residents with disabilities.

OYA's Safety Guide provided to the residents during the intake process is available in both English and Spanish. There are postings throughout the facility in English and Spanish. The staff training documentation including the OYA Safety Guide contained information on providing appropriate

explanations regarding PREA information to residents based upon the individual needs of the youth. Most staff interviews confirmed they would not allow the use of resident assistants in relation to reporting allegations of sexual abuse or sexual harassment but had limited knowledge on how to obtain an outside agency to provide interpreter services. In the past twelve (12) months, the facility did not have any instances of resident interpreters or readers being used for reporting allegations of sexual abuse or sexual harassment.

After the on-site visit, all staff were re-trained on interpreter services provided at the facility and the process on how to obtain these services. Also, the Superintendent established a new protocol (checklist) for staff to document when obtaining an interpreter for a resident or resident's visitor. OYA's Rules and Policy Coordinator sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- 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 No
- 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 No
- 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 question immediately above? Yes No

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- 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 No
- 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 No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

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

115.317 (f)

- 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 No
- 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 employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

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

115.317 (h)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] and Policy I-D-4.0 [Personnel Management (Professional Standards Office of Investigations)] revised July 2017 contained all the elements required by this standard and all background checks are conducted initially on new employees, current and promotion decisions of employees and contractors.

OYA has extensive initial background screening requirements that include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to state and federal criminal databases to conduct background checks, child abuse registry checks (ORKids) and best efforts to contact all previous institutional employers for information on substantiated allegations of sexual abuse, consideration of incidents of substantiated sexual harassment when determining whether to hire or promote staff or enlist the services of any contractor who has contact with residents and any resignation during a pending investigation or an allegation of sexual abuse. The agency conducts annual background checks for all employees and contractors. There is an affirmative duty to disclose any arrests or previous misconduct and material omissions by an employee is subject to termination. Also, OYA's HR staff provides information on substantiated allegations of sexual abuse or sexual harassment upon receiving a request from an institutional employee.

OYA's Professional Standards Office must report findings of an investigation to specific state agencies and relevant licensing bodies as required by law or as determined by the director or designee. OYA has a PREA Acknowledgement System which is an annual computerized system requiring staff to

answer the three (3) required questions: (1) Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement or other institution; (2) Have you ever been convicted of engaging or attempting to engage in sexual activity by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; (3) Have you ever been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse and the staff affirms and attests they have read, understand and agree to comply with the I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] policy.

A sampled review of staff's, volunteer's and contractor's HR files had documentation on staff completing varied forms containing the questions regarding past misconduct (application and PREA Acknowledgement form) that are completed during the hiring process and conducted annually. The Human Resources staff member interview and documentation confirmed all staff, contractors, volunteers, and interns hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Additionally, he confirmed that the criminal background checks are conducted prior to contact with residents, staff pending promotions as well as annual driver's license checks and the three (3) required questions are asked of every person hired annually as part of their PREA education component. Information regarding previous misconduct is provided to potential employers automatically if the potential employer is in Oregon, otherwise an authorization for release for information is required.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect 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.)
 Yes No NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Rogue Valley Youth Correctional Facility has a newly designed school called New Bridge High School that was built adjacent to the facility and will be opening within the next several months. The facility had some modifications completed within the past several years in the bathroom/shower areas by adding partitions to the entrances. There was no upgrade of a video monitoring system however additional cameras were installed approximately 125 cameras were installed or updated throughout the facility. During the tour, cameras were observed throughout the facility and one of the Living Unit Managers brought up the video surveillance system on her desk top for this auditor to review. This system will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor residents more efficiently throughout the physical plant of the facility.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- 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 No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

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

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Rogue Valley YCF's Local Operating Protocol I-A-10.0 (Sexual Abuse Response Plan) effective June 2015 contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, the policies require protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Documentation and staff interviews confirmed Oregon State Police (OSP) conducts the criminal investigations and Professional Standard Office (PSO) conducts the administrative investigations of allegations of sexual abuse and sexual harassment for all residents and they receive reports through their hotline. Also, OYA has an interagency agreement with Oregon State Police since November 2014.

There is evidence of Rogue Valley YCF's Superintendent obtaining a Memorandum of Understanding from Women's Crisis Support Team (WCST) to provide support during the examination process, confidential emotional support, crisis intervention, information and referrals to residents who are victims of sexual abuse at the facility. Three Rivers Community Hospital (SANE & SAFE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. Also, OYA's PREA Coordinator is a qualified agency staff member who has been trained to provide confidential emotional support to residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer in the event the rape crisis center is unable to provide victim advocate services.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The initial review of the Oregon Youth Authority (OYA) Policy I-D-4.0 [Personnel Management (Professional Standards Office of Investigations)] revised July 2017 requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse or sexual harassment to the Professional Standard Office (PSO) for administrative investigation and Oregon State Police (OSP) for the determination of criminal charges. The PREA policy can be found at the OYA's website and the PREA information can be found in their OYA Safety Guide that is available in English and Spanish. Also, all required investigative information is entered into their internal PSO Case Management System to track all alleged incidents of sexual abuse and sexual harassment. OYA has an interagency agreement with Oregon State Police since November 2014.

Rogue Valley YCF provides the parent/guardian with an information packet identifying the zero tolerance to sexual abuse or sexual harassment, the PSO information on how to report and Women's Crisis Support Team (WCST) information for emotional support services. Rogue Valley YCF had received eight (8) allegations of sexual abuse and sexual harassment resulting in a criminal investigation and/or an administrative investigation in the past twelve (12) months. All staff interviews confirmed their knowledge on the reporting, referral process and policy's requirements but did not know the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse and sexual harassment.

After the on-site visit, all staff were re-trained on who conducts the administrative and criminal investigations in response to an allegation of sexual abuse and sexual harassment. OYA's Rules and Policy Coordinator sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- 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 No

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 requires an in-depth PREA Training upon initially becoming an employee (New Employee Orientation) as well as refresher training annually through iLEARN. All the PREA training provided to employees statewide contains all eleven (11) topics consistent with this standard's requirements and is tailored to all facilities with the gender of their resident populations. These topics consist of: zero-tolerance policy, how to prevent, detect, report and respond to allegations of sexual abuse and sexual harassment, resident's right to be free from sexual abuse and sexual harassment, staff and residents rights to be free from retaliation for reporting sexual abuse and sexual harassment incidents, dynamics of sexual abuse and sexual harassment in juvenile facilities, field offices, and community programs, common reactions of juvenile victims of sexual abuse and sexual harassment, 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, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, including LGBTQI, and gender nonconforming residents, and relevant laws regarding the applicable age of sexual consent. Also, the staff receives training on professional and ethical boundaries relating not only to PREA but to their role as an employee.

The staff training documentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All staff are required to sign a "Facilities Access Level 2" form and complete a question and answer exam upon completion of the initial PREA training. A review of sampled electronically maintained training rosters, observation of the day-to-day operations as well as staff interviews confirmed that staff are receiving their required PREA Training. The staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment.

At the facility, it was evident that staff are trained continually about the PREA standards during shift briefings and the completion of various trainings. Additionally, all staff are required to complete an annual in-service PREA training. Employee training records including curriculums are maintained electronically. It is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the residents in their care throughout the State of Oregon by providing extensive training to all employees who work at their facilities.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

- 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 No

115.332 (b)

- 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 No

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 requires volunteers, interns and contractors who have contact with residents to receive in-depth PREA training. All volunteers, interns and contractors receive the "Volunteer Training Overview" and the training is documented. All volunteers, interns and contractors are required to sign and date a "Facility Access - VET" or "Facility Access – 1" or "Facility Access – 2" and complete a question and answer exam upon completion of the initial PREA training acknowledging they understand the training they received. Documentation confirmed they are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. Interviews with two (2) contracted teachers confirmed their knowledge of the PREA training and OYA's zero tolerance of any form of sexual activity at the facility as well as their duty to report sexual abuse or sexual harassment.

Standard 115.333: Resident education

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

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- 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 sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.333 (c)

- Have all residents received such education? Yes No
- 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 No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.333 (f)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 requires residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 10 days upon arrival. However, the qualified mental health staff provides the residents with this information immediately upon arrival during their initial intake and orientation process.

During the initial intake/orientation, the qualified mental health staff reviews verbally with the resident the “Youth Safety Guide” and the “OYA Hotline Card” which is available to him for future reference. After the information has been verbally reviewed with the resident, he is asked to sign the “Intake/Close Custody Youth Safety Orientation” and “Youth Sexual Safety Education” forms, to name a few verifying receipt for all information regarding orientation to the facility. The “Youth Sexual Safety Education” form is available in Spanish. Also, a follow-up review is completed within ten (10) days of the resident’s arrival to the facility. All residents have access to the OYA Youth Safety Guide which includes information on prevention/intervention, self-protection, reporting and treatment/counseling and is available in Spanish.

Most residents interviewed stated they received this information the same day they arrived at the facility and identified the verbal review of the “Youth Safety Guide” and the “OYA Hotline Card”. The staff presents PREA information in a manner that is accessible to all residents and provides education on an ongoing basis individually or in a group session. The parent/guardian is provided a packet with detailed information on PREA and the resident’s orientation to the facility. PREA postings were observed during the facility tour in the housing units, common areas and residents identified the postings as another source of information for them.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- 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 No NA

115.334 (b)

- 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 No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]
 Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 requires the executive administration to ensure all investigators are properly trained in conducting investigations in confinement settings. The required training includes: Techniques for interviewing 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 or prosecution referral.

All investigators under-go an extensive training prior to conducting administrative investigations which includes the NIC "Specialized Training – Investigating Sexual Abuse in Confinement Settings" course; Moss Group Module 2: Legal Considerations in Investigating Sexual Assault and Staff Sexual Misconduct; OYA/PREA Interviewing Training; Washington County Sheriff's Office and Training Force USA: Prison Rape and Sexual Assault Investigations inside Correctional Facilities.

There are three (3) investigators statewide who conduct investigations for OYA. All staff are required to refer all alleged incidents of sexual abuse and sexual harassment to the Professional Standard Office (PSO) for investigation. The assigned PREA investigator will conduct an administrative investigation into the alleged allegation of sexual abuse or sexual harassment and criminal investigations will be referred to Oregon State Police (OSP) for all residents. An interview with one of the investigators and a review of the documentation confirmed the compliance with the PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.335 (b)

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

115.335 (c)

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

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 requires PREA training and specialized training for medical and mental health staff who work at the facilities. It was evident through the medical and mental health staff interviews they had received the basic PREA training provided to all staff and the specialized training offered by NIC Medical Health Care for Sexual Assault Victims and NIC Behavioral Health Care for Sexual Assault Victims.

The initial review of training documentation contained the training completed by all six (6) of the medical and mental health staff and their participation in the annual PREA training. Also, the four (4) contracted medical and mental health staff have participated in PREA training. The facility's medical staff does not conduct forensic examinations. Interviews with a medical and a mental health staff confirmed their understanding of the requirement to complete the specialized training, verified completing the course and participating in the annual basic PREA training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- 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 No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- 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 No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- 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 No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017; Policy II-E-7.0 (Youth Work Programs) revised December 2016 and Rogue Valley YCF's Local Operating Protocol effective April 2012 requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness called OYA "Sexual Violence Assessment Tool" form within 72 hours and a mental health professional will conduct an initial mental health clinical assessment (YCF Brief Mental Status Assessment). All residents are screened within twenty-four (24) hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert tracking system, as well as receiving further assessments, as identified. Also, the policies require residents to be screened for on-site work assignments.

The intake and admission process consists of the OYA "Sexual Violence Assessment Tool" form, medical and mental health assessment and various other forms are used in combination with information about personal history, parent/guardian interviews, medical and mental health/substance abuse screenings, conversations, classification assessments as well as reviewed court records and case files. Residents are reassessed within thirty (30) days of their arrival and throughout their stay at the facility. The facility's policies limit staff access to this information on a "need to know basis". The staff interviews confirmed a screening is completed on each resident upon admission to the facility. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health personnel. Although there have been no transgender or intersex residents admitted to the facility within the past twelve (12) months, staff were aware of giving consideration for the residents own view of their safety in placement and programming assignments.

Most resident interviews and the documentation revealed that risk screenings are being conducted within seventy-two (72) hours of their admission. Residents confirmed during the intake process being asked the questions on whether they had been sexually abused, identified with being gay, bisexual or

transgender, whether they had any disabilities and/or whether they think they might be in danger of sexual abuse at the facility.

Standard 115.342: Use of screening information

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

115.342 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.342 (b)

- 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 No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- 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 No
- 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 No
- 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 No
- 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 No

115.342 (d)

- 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 No
- 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 No

115.342 (e)

- 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 No

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- 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?) Yes No 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?) Yes No NA

115.342 (i)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017; Policy II-F-1.0 (Offender Rights) revised December 2016 and Policy II-B-1.2 (Use of Time-out, Isolation, and Special Program Placements in OYA Facilities) revised March 2015 prohibits gay, bi-sexual, transgender and intersex residents being placed in a dorm area, bed or other assignments based solely on their identification or status. Allows for isolation only when a resident is a danger to himself or others or is an immediate threat to the safety, security or order of the facility. In addition, the policies describe the screening and assessment process (Sexual Violence Assessment Tool) and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

The mental health professional staff utilizes various forms, the Sexual Violence Assessment Tool, YCF Brief Mental Status Assessment to name a few and any other pertinent information during the resident's admission process to determine placement of residents in a specific sleeping assignment according to their risk level (low, medium or high). The staff interviews described how information is derived from the various forms and the initial medical and mental health/substance abuse screening forms to determine placement and risk level.

There are four (4) housing units containing a multi-purpose room, tables/chairs, telephones, kitchen/dining area, laundry room, two (2) bathroom/shower areas, open bay area with twenty-five (25) bunk

beds and one (1) of the housing units has four (4) single cells with single beds. All four (4) housing units had some PREA information posted and other facility information. Isolation is not utilized at the facility as a means of protective custody.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- 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 No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- 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 No

115.351 (c)

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

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017; Policy 0-2.3 (Mandatory Reporting of Offender Abuse and Child Abuse); Policy II-F-1.1 (Youth Grievance Process - Facility) and Policy II-F-3.4 (Youth Use of Telephones) revised December 2016; Policy II-F-3.6 (Youth Legal Assistance) revised October 2015 and FAC 1-E-4.0 (OYA Facility Services Procedure Statement) revised June 2017 provides multiple internal ways for residents to report sexual abuse and harassment incidents, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents, OYA hotline, regular safety surveys, confidential access to agencies that provide legal services – including legal aid offices, and confidential access through correspondence to the Governor's Constituency Services Office that receives and forward reports of sexual abuse and sexual harassment to OYA officials, allowing residents to remain anonymous upon request. Also the policies identified the resident's accessibility to filing a grievance, communication (telephone, visitation and correspondence) with their attorney and/or parent/guardian, staff providing access to the OYA hotline without asking the resident the purpose of the call, the staff requirement of mandatory reporting and completing an incident report.

Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment during the intake process. These various ways of reporting include advising an administrator, a staff member, telephoning the hotline number, placing a written complaint in the grievance box and external complaint to a third party (Governor's Office Constituency Services Office). Reporting procedures are provided to residents through the OYA Safety Guide. While touring the entire facility, it was observed in all four (4) living areas postings of the PREA information (posters), other facility information, the locked grievance box with grievance forms, and some victim advocate information.

Resident interviews indicated several ways to report sexual abuse and sexual harassment by telephoning the hotline, speak with a staff they trust, juvenile probation/parole officer and about the anonymous reporting capability. During the intake and admission process residents are advised of their rights and sign a form acknowledging they had been advised of these rights. Some residents identified the grievance box as a means to report sexual abuse and sexual harassment. Most staff interviews along with the postings, and supporting documentation confirmed multiple internal ways for residents to

report sexual abuse and sexual harassment, their understanding of the policies and their obligation of being mandated child abuse reporters.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

- 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. Yes No NA

115.352 (b)

- 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 No NA
- Does the agency always refrain from requiring a 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 No NA

115.352 (c)

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

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- 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 No NA

- 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 No NA

115.352 (e)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.352 (f)

- 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 No NA
- 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 No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017; Policy 0-2.3 (Mandatory Reporting of Youth Abuse and Child Abuse); Policy II-F-1.1 (Youth Grievance Process) describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse and/or harassment. Residents may place a written grievance or complaint in the locked PREA/grievance box (black box) located in all four (4) housing units of the facility.

The facility has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded process and allow for other individuals to assist a resident in filing a grievance or to file grievances themselves on behalf of residents. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. Grievances are to be resolved with a written response no later than seven (7) working days. Additionally, the facility has an emergency grievance procedure requiring an initial response within 24 hours of receipt. The staff is

required to notify the Professional Standards Office, if the grievance concerns a civil rights violation or criminal matter.

The staff interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility. The documentation and some resident interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the PREA/grievance box (black box). Resident interviews indicated they would contact a trusted staff, telephone the hotline, parent/guardian, facility's administration, juvenile probation/parole officer in relation to sexual abuse or sexual harassment complaints. Rogue Valley YCF did not have any grievances in the past twelve (12) months related to sexual abuse or sexual harassment complaints at the facility.

Standard 115.353: Resident access to outside confidential support services and legal representation

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

115.353 (a)

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

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

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

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017, Policy II-F-3.0 (Youth Mail in OYA Facilities) revised May 2016, Policy II-F-3.4 (Use of Telephone) revised December 2016, Policy II-F-3.6 (Youth Legal Assistance) revised October 2015 and Policy II-E-2.5 (Visits with Youth) revised September 2017 ensures that residents are provided access to outside confidential support services, legal counsel and parent/guardian.

There is evidence of Rogue Valley YCF's Superintendent obtaining a Memorandum of Understanding from Women's Crisis Support Team (WCST) to provide support during the examination process, confidential emotional support, crisis intervention, information and referrals to residents who are victims of sexual abuse at the facility. Three Rivers Community Hospital (SANE & SAFE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. An interview with a representative from WCST indicated there have been no calls from residents in the past twelve (12) months to provide emotional support services.

More than fifty percent of the resident interviews confirmed they did not have reasonable and confidential access to their attorneys but did have reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The facility provides two calls to parents/legal guardians weekly, provides for the toll free hotline to report sexual abuse to Women's Crisis Support Team or the Governor's Constituent Services Office, permits parental/legal guardians visitation and letter writing to parents/legal guardians. The staff provides "Youth Safety Guide", the "OYA Hotline Card" and the availability of the 24 hour toll free telephone numbers identified in the posters located in both housing units.

Resident interviews confirmed their knowledge of how to access outside services but limited knowledge of what kind of services are provided to them. The staff will be providing additional education to future residents on victim advocate services during their orientation process and during their group session

while at the facility. Also, all the bulletin boards located in the housing units and the visitation area were updated with additional victim advocate services information.

After the onsite visit, all staff were re-trained on providing residents with reasonable and confidential access to their attorneys. OYA's Rules and Policy Coordinator sent the documentation of the re-training, pictures of the updated bulletin boards and the additional education to future residents on victim advocate services to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

Standard 115.354: Third-party reporting

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

115.354 (a)

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

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 and OYA Issue Brief (Keeping Youth Safe while in OYA's Care & Custody) dated March 2014 identifies the agency's third party reporting process, instructs staff to accept third party reports from any source, provides information for anyone who sees or suspects sexual abuse, sexual harassment, or victimization of any kind to report it promptly through the Professional Standards Office (PSO) Hotline or e-mail, complete an Oregon Youth Authority complaint form, or send correspondence to the Oregon Youth Authority.

OYA's website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. There are several reporting options (written, verbal and

anonymous) for the receipt of third-party reports of sexual abuse or sexual harassment. OYA has created an OYA Family Guide – Youth in Close Custody (English, Spanish & Russian) and Final Safety Survey – Client & Family this provides the parent/guardian with additional information on how the agency is committed to keep residents safe and allows both the resident and parent/guardian to voice any concerns (treatment, safety) they may have during their stay at the facility.

The staff provides the parent/guardian with a packet containing varied forms, victim advocate services (Women’s Crisis Support Team) and third-party (Governor’s Constituent Services Office, OYA website) reporting information. Resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility including access to their parent(s)/legal guardian(s), juvenile probation/parole officer and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, PSO, Administration, juvenile probation/parole officer and/or attorney. All staff interviews were able to describe how reports may be made by third parties (Governor’s Constituent Services Office, OYA website).

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- 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 No

115.361 (d)

- Are medical and mental health professionals 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 No
- 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 No

115.361 (e)

- 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 No
- 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 No
- 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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- 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 No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017, Policy 0-2.1 (Professional Standards) and Policy 0-2.3 (Mandatory Reporting of Youth Abuse and Child Abuse) revised December 2016 identified the reporting process for all staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Also, the staff is required that if the resident is under the guardianship of the child welfare system, the PREA Coordinator must ensure the Department of Human Services is notified and if committed to OYA through a juvenile court and has an attorney or legal representative on record, the PREA Coordinator must ensure that person is notified within fourteen (14) days of the sexual abuse allegation.

During random staff interviews, staff confirmed being mandated reporters and receiving information on clear steps on how to report sexual abuse, sexual harassment and to maintain confidentiality through the facility's protocol and/or training (iLearn). All staff would complete an incident report with the details of any incidents that would occur in the facility. Also, there are PREA reference binders located in various areas of the facility that contains the reporting process and forms to assist staff. Interviews with medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality.

Standard 115.362: Agency protection duties

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

115.362 (a)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 requires that immediate action to be taken upon learning that a resident is subject to a substantial

risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past twelve (12) months at the facility. Documentation and interviews with the Superintendent and other random selected staff were able to articulate, without hesitation, the expectations and requirements of the OYA policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse.

All staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse. Rogue Valley YCF's staff has a process in place that when identifying a resident who may be subject to a substantial risk of imminent sexual abuse the information is documented and the resident is placed on a watch status.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

- 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 No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] and Policy 1-D-4.0 (Professional Standards Office Administrative Investigations) revised July 2017 requires the Superintendent, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the head of the other facility within 72 hours where the alleged abuse occurred and to report it in accordance with OYA policies and procedures. Also according to the policies and procedures, the Superintendent is to immediately report the incident to the Professional Standards Office (PSO) for investigation and complete an incident report. An interview with the Superintendent indicated he had received no allegations that a resident was abused while confined at another facility or were there any allegations received from another facility during the past twelve (12) months.

Standard 115.364: Staff first responder duties

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

115.364 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 and OYA Facility First Responders to Sexual Abuse Checklist form requires all staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. Also, a review of the training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided with all types of additional training.

There have been one (1) allegation of sexual abuse during the past twelve (12) months at the facility. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with OYA policies and procedures including reporting to the Supervisor or Officer-of-the-Day (OD).

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review Rogue Valley YCF Local Operating Protocol I-A-10.0 (Sexual Abuse Response Plan) effective June 2015 provides a written coordinated response system at the facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, executive staff and contacting medical and mental health outside sources. Also, the system identified a Sexual Assault Response Resource Team (SAART) and their response to the incident. Rogue Valley YCF's staff has a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting PSO and law enforcement, victim advocate services, hospital & parent/guardian and a number of other individuals in response to sexual abuse allegations. The individuals involved are identified as: First Responder, Supervisor or Officer-of-the-Day (OD), Medical and Mental Health Staff, Superintendent, PREA Coordinator, PSO and SARRT members. Also, the staff utilizes the "OYA Facility First Responders to Sexual Abuse Checklist" form to complete the documentation of the incident. Interviews with the Superintendent and other staff validated their technical knowledgeable of their duties in response to a sexual abuse allegation.

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

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

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation was provided for the 2015-2019 State of Oregon Department of Administrative Services and SEIU Local 503, OPEU Collective Bargaining Agreement Master Agreement Indexing System referencing a number to each Coalition and a letter to each Agency within the Coalition consistent with provisions of PREA standards. This agreement allows Oregon Youth Authority to remove an employee from contact with residents and requires a written initial reason for the action within seven (7) calendar days, an initial interview with the employee within thirty (30) calendar days, and a completed investigation within one-hundred twenty (120) calendar days. Any extension of required timeframes must be provided to Oregon's Department of Administrative Services and the Union of the specific reason(s) and the amount of additional time needed which shall be no more than thirty (30) days at a time. An interview with the Superintendent and a review of the agreement validated the agency can remove a union member from contact with residents for an alleged sexual abuse and/or sexual harassment incident.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- 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 No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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 No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. OYA policies and procedures prohibit retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days and must be documented in the Sexual Abuse Response and Resource Coordinator (SARRC) Log. This monitoring would include resident disciplinary reports, bedroom and program changes, negative performance reports as well as reassignments of staff.

An interview with one (1) of the Living Unit Managers confirmed her responsibility with monitoring the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. Also, she indicated this monitoring would include weekly face-to-face meetings, review of resident disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff. She is responsible for serving as an advocate to link services (community based advocates or mental health professionals), works closely with the QMHP and a support to residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. There were no incidents of retaliation at the facility in the past twelve (12) months.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of this policy Oregon Youth Authority (OYA) Policy II-B-1.2 (Use of Time-out, Isolation, and Special Program Placements in OYA Facilities) revised March 2015 contained information on post-allegation protective custody or guidelines for moving a resident to another facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. The facility allows for isolation placements when a resident is a danger to himself or others or is an immediate threat to the safety, security or order of the facility. The facility restricts any isolation placement no longer than five (5) days. The facility has six (6) isolation rooms with bed, toilet and sink that is monitored by staff. The isolation rooms are used for time-out, isolation, special program placement, and administrative holds. The resident has access to the following items: food, clothing, bedding, correspondence, reading materials, personal hygiene items, access to the OYA Compliant Hotline, medical services, personal visits, recreation, religious services, education and treatment. An interview with the staff confirmed this area has not been used for the isolation of a victim of sexual abuse or sexual harassment. No residents who have alleged sexual abuse in the past twelve (12) months were secluded or isolated from the other residents. The residents would be placed in another facility, housing group or staff would be placed on "no contact with resident."

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- 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 No

115.371 (c)

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

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

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

115.371 (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 No
- 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 No

115.371 (g)

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

115.371 (h)

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

115.371 (i)

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

115.371 (j)

- 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 No

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- 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 No NA

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] and Policy 1-D-4.0 (Professional Standards Office Administrative Investigations) revised July 2017 requires staff to refer all alleged incidents of sexual abuse or sexual harassment to the Professional Standards Office (PSO) for an administrative investigation and Oregon State Police (OSP) for the determination of criminal charges. Also, the policies require investigations to be confidential and all interviews to be conducted in private; an investigation cannot terminate based on the department of the complaint's alleged victim or perpetrator from the agency employment or control, or if the source of the allegation recants; the credibility of an alleged victim, subject or witness must be assessed on an individual basis and never be determined by the person's status as a resident or staff; investigation records to include, but not limited to investigations reports, transcripts of statement, copies of documentation relevant to the investigation, and all related material from other agency incidents as applicable; investigations must include an effort to determine whether staff actions or failures to act contributed to the incident being investigated and must be documented in writing to include investigative facts and findings and the investigative records be maintained for 20 years from the date of investigation closure unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention.

An interview with one (1) of the Professional Standards Office investigator confirmed that all allegations of sexual abuse or sexual harassment receive an administrative investigation whether it was through the facility, victim, PSO, third party or law enforcement, depending on the type of allegation. An investigation begins with information regarding the allegation, a review of the incident report, interview with the victim, alleged perpetrator, witnesses and evidence gathering. The evidence collected is not limited to videos, statements, and prior complaints. Also, if an allegation is determined to contain criminal elements, the Oregon State Police would be notified. The PSO would act as liaison between the law enforcement agency and OYA as well as obtaining a copy of the full report of the incident. There have been no reported investigations that appeared to be criminal and referred for prosecution of alleged staff's or residents inappropriate sexual behavior that occurred in this facility in the past twelve (12) months.

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-D-4.0 (Professional Standards Office Administrative Investigations) revised July 2017 contains all the elements of the standard. The Professional Standards Office (PSO) investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with the Superintendent indicated that the facility staff conduct fact finding investigations and do not make conclusions following their investigations (which are administrative in nature) therefore the Superintendent in consultation with his supervisory staff, PSO, legal and Human Resources would make a determination regarding disciplinary actions.

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

- 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 No NA

115.373 (c)

- 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 No

- 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 employed at the facility? Yes No
- 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 No
- 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 No

115.373 (d)

- 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 No
- 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 No

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 requires that any resident who makes an allegation that he suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. This policy further requires that following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility informs the resident unless the allegations are "unfounded" whenever the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; OYA learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving resident-on-resident allegations of sexual abuse, the facility will inform the resident whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

An interview with the Superintendent indicated the Professional Standards Office (PSO) would notify him of the investigation outcome and he would notify the resident as soon as possible. Also, he identified the SARRC (Sexual Abuse Response and Resource Coordinator) log which is required for a Superintendent or PCM to document a reported incident of sexual abuse and/or sexual harassment that occurred in the facility. There has been one (1) reported investigation of alleged staff's or resident's sexual abuse that occurred in this facility in the past twelve (12) months. Documentation confirmed that the resident was notified of the investigation outcome.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 requires staff disciplinary sanctions up to and including termination for violating the facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to the Professional Standards Office (PSO) and law enforcement if criminal in nature. Additionally, the SEIU Local 503, OPEU Collective Bargaining Agreement allows OYA to remove an employee from contact with residents and requires a written initial reason for the action within seven (7) calendar days, an initial interview with the employee within thirty (30) calendar days, and a completed investigation within one-hundred twenty (120) calendar days. Any extension of required timeframes must be provided to Oregon's Department of Administrative Services and the Union of the specific reason(s) and the amount of additional time needed which shall be no more than thirty (30) days at a time. All disciplinary sanctions are maintained in the employee's HR file in accordance with OYA policy and procedures. Termination is the presumptive sanction for staff who had engaged in sexual abuse. Also, staff may not escape sanctions by resigning. Staff who resign because they would have been terminated are reported to Oregon State Police (OSP), unless the activities were not clearly criminal. The Superintendent's interview validated his technical knowledge of the reporting process and was consistent with the OYA policy and procedures. Also, he confirmed there have been no employees

terminated in the past twelve (12) months for violation of the facility's sexual abuse or sexual harassment policies.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] and Policy 1-D-4.0 (Professional Standards Office Administrative Investigations) revised July 2017 requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to Professional Standards Office (PSO) and the Oregon State Police (OSP) unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact

with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the Superintendent and he confirmed there have been no volunteers or contractors reported in the past twelve (12) months for engaging in sexual abuse or sexual harassment of a resident.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

- 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 No

115.378 (b)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.378 (c)

- 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 No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No

- 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 No

115.378 (e)

- 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 No

115.378 (f)

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

115.378 (g)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017, Policy II-B-2.1 (Youth Accountability in OYA Facilities) revised September 2016 and OAR 416-470 Exhibit 1: OYA Behavior Refocus Options Matrix indicated any resident found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program which holds residents accountable for their actions through refocus options. There are four (4) levels of prohibited behaviors (level zero, level one, level two and level three) in this matrix. Each level has refocus options that consist of: Special Program Placement, Special Management Unit Placement, isolation, transfer to another facility, or transfer/return to the Department

of Corrections with varied days in several of the refocus options. Also, there is a requirement to contact the QMHP to complete an assessment of the resident's emotional instability. The resident has a right to be notified and to appeal the refocus option imposed upon him.

Rogue Valley YCF's staff provides each resident with a "Youth Safety Guide" that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Residents will be offered therapy, counseling or other interventions designed to address and correct the underlining reasons for their conduct. During the tour, six (6) isolation rooms were observed and one (1) of the staff confirmed the isolation rooms are utilized for residents who may impose an immediate threat to safety and security of the facility or a danger to himself. Interviews with mental health staff confirmed crisis intervention and counseling are offered to residents. An interview with the Superintendent indicated that residents may also be referred for prosecution if the allegations were criminal. Also, he indicated there has been one (1) administrative or criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past twelve (12) months.

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

- 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 No

115.381 (b)

- 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 No

115.381 (c)

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

115.381 (d)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 require medical and mental health/substance abuse evaluations and as appropriate, treatment is offered to all residents victimized by sexual abuse and ensure confidentiality of information. Medical and mental health staff is required to notify residents at the initiation of services their duty to report, limitations of confidentiality, and must obtain informed consent from youth who are 18 years old or older before reporting information about the resident's prior sexual victimization that did not occur in an institutional setting. Residents who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening.

Documentation review confirmed medical and mental health staff completes various admission screening forms (i.e. YCF Initial Health Screening, Brief Mental Status Assessment, MAYSI, Disclosure of Confidentiality Limitations) during the initial intake process including informed consent disclosures (Informed Consent and Awareness of Information Sharing Form). There were no residents who disclosed prior victimization during their initial screening process. Medical and mental health staff interviews confirmed that although there were no disclosures the past twelve (12) months, all residents were offered follow-up meetings with medical and mental health providers during the intake/admission process.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

- 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 No

115.382 (b)

- 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 No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- 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 No

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017, Policy II-D-1.0 (Facility Health Services) revised December 2016 and Health Services Procedure HS I-A-10.0 (Preventing, Responding to and Monitoring Youth Sexual Abuse/Assault) effective April 2013 requires resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to

emergency medical treatment and crisis intervention services. The medical staff had a protocol in place to assist in expediting a resident to the emergency room with specific documentation for the staff. The staff completes a "Facility Secure Transport Authorization" form when transporting a resident.

Documentation and interviews with medical staff confirmed Three Rivers Community Hospital (SANE & SAFE certified) provides the emergency and forensic medical examinations at no financial cost to the victim. Women's Crisis Support Team is the program identified to provide confidential emotional support services to the residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer at the facility. The facility has available the "OYA Hotline Card" that identifies for the residents to telephone the hotline number and the postings of the PREA information is another reporting resource. Interviews with the medical and mental health staff confirmed that residents have immediate access to emergency medical treatment and crisis intervention services when a resident alleges sexual abuse. Also, the medical and mental health staff interviews indicated the scope of services is in accordance to their professional judgment, policy and any physician orders or protocols. All orders will be documented in the resident's medical/mental health record.

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

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

115.383 (a)

- 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 No

115.383 (b)

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

115.383 (c)

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

115.383 (d)

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

115.383 (e)

- 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.) Yes No NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017, Policy II-D-1.0 (Facility Health Services) revised December 2016 and Health Services Procedure HS I-A-10.0 (Preventing, Responding to and Monitoring Youth Sexual Abuse/Assault) effective April 2013 requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policies require the facility to offer medical and mental health evaluations, transportation to a medical emergency room or a facility in the community that is equipped to evaluate, collect physical evidence and appropriate follow-up treatment that may include screening, prophylactic treatment including follow-up care for sexually transmitted diseases and other communicable diseases and any other counseling or assistance as requested.

Victims of sexual abuse will be transported to Three Rivers Community Hospital to receive treatment and the physical evidence can be gathered by a certified SANE or SAFE medical examiner. There is a process in place to ensure medical and mental health staff track on-going medical and mental health services for victims who may have been sexually abused. The medical and mental health staff interviews

indicated there is a protocol (Medical Discharge Summary and Mental Health Referral form) in place to assist residents and their families upon discharge from the facility to continue services if needed. Documentation review confirmed there have been two (2) investigations of alleged resident's sexual abuse that occurred in this facility in the past twelve (12) months.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for

improvement and submit such report to the facility head and PREA compliance manager?

Yes No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] and Policy I-E-4.0 (Incident Reviews) revised July 2017 requires an Administrative Incident Review Report of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within seven (7) days. Rogue Valley YCF's Sexual Abuse Incident Review Team consists of the Superintendent, Program Director/PREA Compliance Manager, Living Unit Manager, Medical, Mental Health, and Education staff.

Documentation and staff interviews confirmed they would document their review on the "Administrative Incident Review Report" form that captures all aspects of an incident that include: brief chronological summary, acknowledgment of what went well during the incident, whether the incident response/action was in compliance with relevant OYA rules, policies, and procedures, corrective actions taken or still needed to improve outcomes in future similar incidents, policy changes, motivation of the incident, physical barriers, monitoring technology, medical and mental health services provided, outcome of the investigation/corrective actions, and resident notification of investigation outcome.

Rogue Valley YCF's Superintendent reported one (1) investigation of alleged staff's or resident's sexual abuse that occurred in this facility in the past twelve (12) months. However, there have been seven (7) investigations of alleged staff's or resident's sexual harassment that occurred in this facility.

Standard 115.387: Data collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

- 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 the confinement of its residents.) Yes No NA

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 requires the collection of accurate, uniform data for every allegation of sexual abuse. The OYA PREA Coordinator has created a protocol to coordinate the OYA PREA data collection of all data collected related to PREA. The information gathered meets the requirements of the U.S. Department of Justice Survey of Sexual Abuse Violence. The data will be retained for twenty (20) years after related investigations are completed. The OYA PREA Coordinator is responsible for monitoring the PREA data and alerting the Oregon Youth Authority Cabinet of any notable trends. An interview with the OYA PREA Coordinator reports that she collects and maintains data from each facility on a monthly basis. This information is used to identify trends and create corrective actions for an individual facility or agency.

Standard 115.388: Data review for corrective action

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

115.388 (a)

- 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 No
- 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 No
- 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 No

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2016 OYA Annual Report revealed it was detailed, comprehensive and identifies all state facilities within Oregon Youth Authority (OYA). The 2016 OYA Annual Report is posted on the OYA Website and readily available for public review. An interview with the Superintendent confirmed he monitors collected data to determine and assess the need for any corrective actions.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

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

115.389 (c)

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

115.389 (d)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The initial review of the Oregon Youth Authority (OYA) Policy I-A-10.0 [General Administration (Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment)] revised July 2017 and Policy I-E-3.2 (Information Asset Classification and Protection) revised December 2016 requires data is collected and securely retained for 20 years. There is a matrix that addresses sensitive information, the storage, destructions and physical security of documents. Also, the policies indicated OYA assigned staff will complete an annual report. The annual report will contain identification of problem areas, each facility's corrective action, comparison of the last year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. The aggregated sexual abuse data was reviewed and all personal identifiers are removed. The 2016 OYA Annual Report is posted on the OYA Website and readily available for public review.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This auditor reviewed the Oregon Youth Authority web page at <http://www.oregon.gov/oya/pages/psa/prea.aspx> containing the ten (10) audit reports for PREA audits completed from January 2015 through December 2016. One third of each facility type operated by this Agency was completed during the first PREA review cycle in accordance with the standard. All ten (10) facilities have been scheduled for the second PREA review cycle. This facility is one of the facilities scheduled for the second year of the second PREA review cycle. This auditor had access to the entire facility and was able to conduct interviews and provided with documentation in accordance to the standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This auditor reviewed the Oregon Youth Authority web page at <http://www.oregon.gov/oya/pages/psoprea.aspx> containing the ten (10) PREA Final Reports that were audited for the previous three years and published within 90 days after the final report was issued by the auditor. Also, three (3) PREA Final Reports that were audited for the first year of the second cycle and published within 90 days after the final report was issued by the auditor.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Dorothy Xanos _____

May 21, 2018 _____

Auditor Signature

Date

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

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