

**Prison Rape Elimination Act (PREA) Audit Report  
Juvenile Facilities**

Interim       Final

**Date of Report**    December 5, 2019

**Auditor Information**

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<b>Mailing Address:</b> P.O. Box 134	<b>City, State, Zip:</b> Tarrytown, NY 10591
<b>Telephone:</b> 212-677-5093	<b>Date of Facility Visit:</b> April 20th, April 22nd, April 23rd, April 24th, and April 26th, 2019

**Agency Information**

<b>Name of Agency</b> Oregon Youth Authority (OYA)		<b>Governing Authority or Parent Agency:</b> State of Oregon	
<b>Physical Address:</b> 530 Center Street, Suite 500		<b>City, State, Zip:</b> Salem, OR 97301	
<b>Mailing Address:</b> SAME AS ABOVE		<b>City, State, Zip:</b> SAME AS ABOVE	
<b>Telephone:</b> 503-373-7212		<b>Is Agency accredited by any organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> "To protect the public and reduce crime by holding youth offenders accountable and providing opportunities for reformation in safe environments."			
<b>Agency Website with PREA Information:</b> <a href="https://www.oregon.gov/OYA/pages/index.aspx">https://www.oregon.gov/OYA/pages/index.aspx</a>			

**Agency Chief Executive Officer/Director**

<b>Name:</b> Joe O'Leary	<b>Title:</b> Agency Director
<b>Email:</b> <a href="mailto:joe.oleary@oya.state.or.us">joe.oleary@oya.state.or.us</a>	<b>Telephone:</b> 503-373-7212

**Agency-Wide PREA Coordinator**

<b>Name:</b> Lynn Oliver	<b>Title:</b> Agency PREA Coordinator
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<b>PREA Coordinator Reports to:</b> Chief Investigator of the OYA Professional Standards Office	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 8
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### Facility Information

<b>Name of Facility:</b> MacLaren Youth Correctional Facility (MYCF)	
<b>Physical Address:</b> 2630 North Pacific Highway Woodburn, OR 97071-8999	
<b>Mailing Address (if different than above):</b> SAME AS ABOVE	
<b>Telephone Number:</b> 503-981-9531	
<b>The Facility Is:</b>	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Detention <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Intake <input type="checkbox"/> Other - Residential
<b>Facility Mission:</b> Click or tap here to enter text.	
<b>Facility Website with PREA Information:</b> <a href="https://www.oregon.gov/oya/Pages/pso.aspx">https://www.oregon.gov/oya/Pages/pso.aspx</a>	
<b>Is this facility accredited by any other organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Facility Administrator/Superintendent</b>	
<b>Name:</b> Dan Berger	<b>Title:</b> MYCF Superintendent
<b>Email:</b> Dan.Berger@oya.state.or.us	<b>Telephone:</b> 503-982-4400
<b>Facility PREA Compliance Manager</b>	
<b>Name:</b> Dan Berger	<b>Title:</b> MYCF Superintendent
<b>Email:</b> Dan.Berger@oya.state.or.us	<b>Telephone:</b> 503-982-4400
<b>Facility Health Service Administrator</b>	
<b>Name:</b> Dr. Marcia Adams	<b>Title:</b> Medical Director
<b>Email:</b> Marcia.adams@oya.state.or.us	<b>Telephone:</b> 503-373-7597
<b>Facility Characteristics</b>	
<b>Designated Facility Capacity:</b> 271	<b>Current Population of Facility:</b> 237
<b>Number of residents admitted to facility during the past 12 months</b>	676
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>	456
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	462
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>	56
<b>Age Range of Population:</b>	13 – 24 years old
<b>Average length of stay or time under supervision:</b>	305 days

<b>Facility Security Level:</b>	Staff-secure
<b>Resident Custody Levels:</b>	Close custody
<b>Number of staff currently employed by the facility who may have contact with residents:</b>	295
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>	70
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>	6
<b>Physical Plant</b>	
<b>Number of Buildings:</b> 51	<b>Number of Single Cell Housing Units:</b> 6
<b>Number of Multiple Occupancy Cell Housing Units:</b>	10
<b>Number of Open Bay/Dorm Housing Units:</b>	9
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	35
<b>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.):</b> There are over 700 surveillance cameras throughout the facility – in all buildings, living units, outside buildings, and outside the MYCF perimeter fence.	
<b>Medical</b>	
<b>Type of Medical Facility:</b> Onsite clinic	Onsite nurses (employee, part-time)
<b>Forensic sexual assault medical exams are conducted at:</b>	Salem General Hospital
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>	234
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	2 (including the Chief Investigator for Professional Standards Office (PSO))

### Audit Narrative

The Oregon Youth Authority (OYA) contracted with an independent company, Effective System Innovations (ESI), LLC in March 2018 to conduct the government mandated PREA audits of three programs housing juvenile justice youth: Camp Riverbend Youth Transitional Facility (CRYTF), MacLaren Youth Correctional Facility (MYCF), and the Young Women’s Transition Program (YWTP). Sharon Pette and Brandon Weber, both certified Department of Justice (DOJ) PREA auditors, conducted the pre-audit document compliance reviews for each of the three facilities. Ms. Pette served as the Lead PREA Auditor for MYCF while Mr. Weber was the Lead PREA Auditor for CRYTF and YWTP. The purpose of these audits was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. This is the second PREA audit of the MacLaren Youth Correctional Facility (MYCF). This final audit report details information obtained from the pre-audit document review as well as interviews, file reviews, training record reviews, and observations made during the initial onsite visit (April 20<sup>th</sup>, April 22<sup>nd</sup>, April 23<sup>rd</sup>, April 24<sup>th</sup>, and April 26<sup>th</sup>, 2019); and a one-hour debriefing meeting with facility and agency leadership (April 23<sup>rd</sup>, 2019). This report also provides the Corrective Actions MYCF was required to take during the six-month corrective action period to achieve 100% compliance with federal PREA standards. And finally, this final report details the evidence submitted to the auditors during the corrective action

period, the auditor's assessment of the post onsite audit information, and the auditor's final determination for each of the PREA provisions.

Six weeks in advance of the onsite audit, posters were hung throughout the program announcing the upcoming audit. These posters explained the purpose of the audit and provided youth and staff with the auditor's contact information. More specifically, 80 notification fliers were posted in all buildings throughout the campus including in the facility's main entrance, gymnasium, visiting center, residential living units, staff wellness area, medical clinic, warehouse, lattice shop, education building, intake unit, administration building, and staff development center. Pictures and a complete list of the number/location of fliers were sent to the auditor verifying the posters were hung consistent with DOJ expectations. One month before the onsite review the PREA auditor held a conference call with the Agency PREA Coordinator, the three Facility Superintendents/Camp Directors, Facility PREA Compliance Managers (PCMs), Sexual Assault Rapid Response Coordinators (SARRC), and other team members to discuss expectations and to answer any questions they had. No correspondences from staff or youth were received prior to the onsite audit.

Four weeks prior to the onsite review, the Agency PREA Coordinator submitted the Pre-Audit Questionnaire (PAQ) and supporting documents through the online PREA Resource Center (PRC) audit system. A comprehensive evaluation of agency policies, program procedures, tracking forms, and other relevant materials was conducted prior to the onsite visit. At the auditor's request and to better ensure confidentiality, no investigative reports, youth case files, or personnel records were sent prior to the onsite visit.

The first half (three days) of the onsite portion of the audit was performed at the facility. The remaining two days occurred at OYA's Central Office. At the facility, the auditor conducted an extensive site review which involved visual inspection of the entire MYCF campus including a walk-through of several residential living units, maintenance areas, treatment mall, education building, medical clinic, gymnasium, administrative areas, intake area, vocational program buildings, and outside areas within the exterior fence (outside each individual building), to name a few. During the tour, the auditor gathered relevant information about programming, supervision, treatment philosophy and approach, and daily operations through conversations with the MYCF Superintendent/PREA Compliance Manager, Mr. Dan Berger and the MYCF Treatment Services Supervisor, Mr. Loren Calkins. While onsite the youth reporting systems were tested – i.e. the internal telephone hotline number and written grievance process (boxes located on all living units). In addition, auditors observed kiosks providing PREA related information. More detailed information about the facility and programming as it relates to the PREA standards is provided in the body of this report.

While onsite, the auditor conducted interviews with agency leadership, facility managers, staff, youth/residents, volunteers, and contractors. The requisite interviews were conducted consistent with DOJ expectations in content and approach, as well as the method for selecting individuals to be interviewed (i.e. specialized staff, random staff, contractors, volunteers, etc.). The auditor used a list of staff who have contact with residents (organized by title, cottage, and shift) and using a stratified sampling process, selected staff to be interviewed and files to be reviewed. Staff selected for interviews represented individuals from each living unit, all vocational program areas, and across all shifts (including weekends and weekdays). In addition, the onsite visit included interviewing contractors, volunteers, randomly selected youth, and targeted youth. While onsite, the auditors were provided access to youth paper files to perform the requisite reviews.

During the five-day onsite visit and through phone interviews conducted post-onsite, a total of 74 interviews were conducted. More specifically, the audit process included interviews with:

- OYA Agency Director
- Chief of Operations Facility Services
- Chief Professional Standards Office (PSO) Investigator
- PSO Investigator
- PSO Administrative Assistant (responsible for tracking all OYA Hotline calls)
- OYA Medical Director
- OYA Agency PREA Coordinator
- MYCF Facility Superintendent who also serves as the Facility PREA Compliance Manager
- MYCF Treatment Services Supervisor
- Vocational Education Supervisor
- 1 Program Director
- 2 Living Unit Managers
- 1 Correctional Officer (CO)
- 1 Case Coordinator
- 2 Qualified Mental Health Practitioners (QMHPs)
- 1 Skill Development Coordinator
- 20 Full Time, Permanent Part-Time, and Temporary GLC2
- Volunteer Coordinator/Chaplain
- MYCF SARRC
- MYCF Nurse Supervisor
- 1 Registered Nurse
- MYCF Cook
- MYCF Grievance Coordinator
- 3 Volunteers
- 1 Contractor with Unsupervised Contact with Youth
- 2 Teachers
- SANE Program Coordinator from Salem Hospital
- OYA Human Resources Director
- 1 OYA Human Resources Analyst
- 15 randomly selected youth
- 6 targeted youth (3 Transgender, 3 low cognitive functioning)

Two attempts were made to contact the local victim advocacy organization, Center for Hope and Safety (CHS). At the time of this report, the auditor had not received a call back from a CHS advocate. The auditor conducted the SANE interview via phone following the onsite audit due to difficulty with scheduling during the onsite visit (i.e. staff and youth schedules were made priority in terms of interviews to complete while onsite).

The audit process also included reviewing 23 files of youth currently in the facility. To select which youth files to review, the auditors once again used a random selection process, selecting every 10<sup>th</sup> name on the list of youth who were on campus on first day of the onsite visit (N = 240). Similarly, the auditors reviewed a random sample of 10 files for youth who were discharged from MacLaren YCF during the time period of April 2018 through March 2019. The auditors were provided limited but sufficient access to the OYA Juvenile Justice Information System (JJIS), paper case files, and specific sections of the medical files to conduct these file reviews.

As part of the onsite audit process, the auditors reviewed randomly selected investigative files of sexual harassment and sexual abuse allegations made in the previous 12 months prior to the onsite review. There was a total of 30 allegations of sexual abuse and sexual harassment were made between April 2018 and March 2019. Thirteen (13) of these allegations were sexual abuse in nature and seven of these cases were referred for criminal prosecution. Comprehensive investigations revealed of the total 13 sexual abuse allegations, four of these were substantiated for resident-on-resident sexual abuse. There were no substantiated allegations that involved staff, contractors, or volunteers. While onsite, the auditors randomly selected five of the 30 investigative records alleging sexual abuse and sexual harassment.

As part of the onsite file review process, the auditor also reviewed sample training records for OYA staff (N = 316) and all records of contracted employees (N = 6) working at MYCF. Staff personnel records (n = 20) and volunteer records (n= 12) were also reviewed to determine whether requisite criminal background checks and abuse registry checks were conducted consistent with PREA standards. Staff records were selected using a stratified random sampling method using a staff roster - i.e. selecting every 15<sup>th</sup> staff name on an alphabetical list of names within each cottage/work area. The auditor also reviewed all personnel records of MYCF contractors (N = 6) and volunteers (N = 234) to ensure that criminal background checks met PREA requirements. Volunteer records were selected by selecting every 10<sup>th</sup> name on a list of volunteers. Teachers at MYCF are contracted by OYA to provide educational services at the facility. Records for contracted teachers are maintained by the school district and were not available during or following the site visit.

Throughout the audit review process, as well as in the debriefing meeting, agency and program leaders were made aware of next steps. The conversation included, but was not limited to, describing the expectations for the 45 days following the onsite visit and reminding leaders of the federal requirement that the final PREA audit report must be made publicly available (i.e. posted on the agency's website). A one-hour debriefing meeting was held on the final day of the site visit to summarize the preliminary audit findings. Participants included the OYA Agency Director, the OYA Deputy Director, the Chief PSO Investigator, the OYA Agency PREA Coordinator, the OYA Policy Coordinator, the OYA Training Academy Director, and the MacLaren YCF Facility Superintendent/PREA Compliance Manager. The auditor provided feedback regarding program strengths and areas needing corrective action. The auditor explained the corrective action period, expectations, and how she will help support the program in achieving 100% compliance with PREA standards (i.e. assisting in developing a detailed corrective action plan, reviewing documents, and providing feedback, etc.).

The interim PREA audit report was submitted to the Agency PREA Coordinator and Facility Superintendent on June 11, 2019. At this time, the MYCF entered into the corrective action period. Throughout the six-month period, phone calls and email communications took place between the Agency PREA Coordinator to discuss the detailed approach for achieving 100% compliance with standards; provide feedback on the corrective action plan and clarify evidence needed for compliance; and provide auditor guidance on PREA standard interpretation. In addition, a second onsite visit to the OYA Central Office took place on November 7, 2019 to gather additional documents and information. The majority of documents (i.e. revised policies and forms, training records, etc.) were submitted to the auditor for review via email and prompt feedback was provided to ensure corrective action timelines were met. This regular document review and ongoing communication increased the likelihood MYCF would successfully achieve compliance with PREA standards by the end of the corrective action period of December 8, 2019.

## Facility Characteristics

The Oregon Youth Authority's mission is “to protect the public and reduce crime by holding youth offenders accountable and providing opportunities for reformation in safe environments.” OYA’s vision is that youth who leave OYA go on to lead productive, crime-free lives. The agency operates from a set of core values that provide the foundation for the decisions, actions and practices that make up the agency’s daily work. These core values are:

- *Professionalism* - We practice unwavering adherence to professional standards and perform our work competently and responsibly.
- *Accountability* - We conduct our jobs in an open and inclusive manner, and take responsibility for the outcomes of our performance
- *Integrity* - As stewards of the public trust, we display ethical and honest behavior in all that we do.
- *Respect* - We treat others with fairness, dignity and compassion, and are responsive to their needs.

The MacLaren YCF (MYCF) is a secure facility located in Woodburn, Oregon and operated by the State of Oregon’s, Oregon Youth Authority (OYA). The facility houses males ages 13 through 24 who are placed in the care of the state through a court order. All program youth have been convicted of a serious crime and have been determined to need higher more intensive level of services and supervision. The program has the physical capacity to serve 271 youthful offenders. At the time of the onsite audit there were 237 youth in the program. Over the past 12 months from April 2018 through March 2019 the average daily population was 246. The average length of stay at MYCF is 305 days.

The MYCF campus is enclosed by a secure perimeter fence on 80 acres of land. There are over 30 individual buildings on campus including an administrative building housing several staff offices; an education building; a treatment mall; maintenance buildings; an Intensive Care Unit (ICU); several vocational program buildings (i.e. lattice factory, welding, Computer Aided Design (CAD), automotive repair, etc.); a gymnasium; a warehouse; and 13 living units, to name a few. Perhaps the largest physical structure on campus is a L-shaped building that houses the medical clinic, intake, campus operations/security, staff wellness area, and the youth’s fitness plaza. The campus also has an extensive garden area, a greenhouse, and a sweat lodge area. To aid in supervision, there are over 700 surveillance cameras throughout the facility – in all buildings, living units, outside individual buildings, and outside the campus fence. During the campus tour the auditors noted that all cameras have been positioned in such a way to virtually eliminate any blind spots.

There are two areas of the campus in which residential living units are found – the “Valley” which has seven buildings/living units and “the Courtyard” which has six buildings/living units. Each Valley unit has a maximum capacity to serve 25 youth. In addition to staff supervision, youth are supervised with the help of over 40 surveillance cameras per living unit. In May of 2017 the Lake cottage (located in the Valley area), was significantly remodeled to improve youth supervision and promote an environment that reflects the agencies mission, core values, and positive youth development framework. The Lake unit includes a dormitory style sleeping area; a dayroom area; a shared staff office and control room located in the middle of the unit (allowing view of youth bunks and the open day room area); a second common area; and a multipurpose space with recreational equipment. Restrooms and showers are partially shielded by the walls, both from the sleeping area and from staff view as they walk onto the dorm. Outside of each living unit there is a doorbell that female staff use when they come onto the unit in lieu of verbally announcing their presence. MYCF plans to remodel the remaining five Valley living units over the course of the next five years.

The Courtyard living units are brand new units (construction was completed in August 2017). There are six Courtyard buildings/living units – two intake units where youth are housed for 30 days to assess youth behaviors/needs and one parole violator unit. Each of the Courtyard living units houses 16 youth. The Courtyard living units were constructed with a positive youth development framework in mind. The physical layout is open and the dayroom spans the entire living unit. The unit is equipped with several staff offices along the perimeter of the unit, 16 individual bedrooms, and individual shower/bathrooms. There is an outdoor recreation area that youth can use to relax and get fresh air. Outside of this living unit there is a doorbell that female staff use when they come onto the unit in lieu of verbally announcing their presence.

Consistent with the OYA Mission Statement of “reformation”, the MYCF staff interact with youth from a Positive Youth Development (PYD) framework and provide skills training, trauma-informed care, and behavior management to help youth be successful while at MYCF.

MYCF employs over 300 staff who have direct contact with youth, six contractors, and over 240 volunteers. These include:

- Superintendent
- Treatment Services Supervisor (TSS)
- Living Unit Managers (LUMs)
- Qualified Mental Health Professional (QMHPs)
- Case Coordinators (CCs)
- Group Life Coordinator (GLCs) – direct care staff
- Skill Development Coordinators (SDCs)
- Correctional Officers (COs)
- Registered Nurse Supervisor
- Registered Nurses (RNs)
- Chaplain/Volunteer Coordinator
- Grievance Coordinator
- Maintenance Workers
- Vocation and Training Coordinator
- Policy Analysts
- Teachers (contracted)
- Psychologists (contracted)
- Psychiatrist
- Volunteers

## Summary of Audit Findings

The on-site audit provided significant evidence that the MacLaren Youth Correctional Facility (YCF) has a solid infrastructure that supports effective program functioning. Numerous program policies and forms have been developed to support the agency’s commitment to closely aligning with federal PREA standards.

There is sufficient evidence that OYA and MacLaren YCF has created a solid infrastructure to support and demonstrate its dedication to zero tolerance and effective crisis response. This includes agency policies that specifically address preventing, detecting, and responding to allegations of sexual abuse as well as a detailed investigative policy. In addition, onsite interviews, file reviews, and observations verified the majority of PREA expectations have been institutionalized at the local level.

Information gathered from program staff suggests there is exceptionally strong leadership at MacLaren YCF (MYCF). The Facility Superintendent, Dan Berger, has been employed by OYA for over 20 years and in his current position for approximately six years. Many staff provided unsolicited comments about Mr. Berger’s leadership stating that he is a good leader and is committed to reforming youth while at MYCF. All staff reported Mr. Berger is caring and approachable. It was repeatedly demonstrated throughout the onsite visit that Mr. Berger makes himself readily available to staff; that staff respect and trust him; that he is committed to keeping youth safe; and he is passionate about helping youth make

positive changes in their lives. It was also confirmed through interviews and observations that Mr. Berger leads using a continuous improvement lens and regularly examines program operations and services to identify potential areas for improvement. Similarly, staff interviews verified that the Mr. Berger is experienced, skilled, and possesses a genuine passion for his work. This exceptional leadership throughout the program is a recipe for program success.

The OYA PREA Coordinator is Lynn Oliver. She has been with OYA 16 years and in her current position as the Agency PREA Coordinator for approximately eight months. Prior to the onsite visit as well as during the site visit, Ms. Oliver demonstrated she is knowledgeable about the PREA standards, understands the importance of implementing practices to ensure the safety of youth and staff, and approaches her work with an attitude of continuous learning. Ms. Oliver provided the auditors access to the requested documents in a timely manner prior to and during the onsite visit.

A summary of the degree of compliance with the federal standards is displayed in the following chart. An explanation of the findings related to each standard is provided below as well as actions the facility took during the corrective action period to achieve compliance with the standard. This detailed information is also provided to the reader within each of the standards that were identified as needed corrective action.

For those PREA standards that had not been successfully met, the OYA MYCF was required to take actions to address the identified deficiencies. As previously stated, MacLaren YCF entered into the formal corrective action period on June 11, 2019 at the time the interim audit findings report was submitted. The auditor worked closely with the OYA Agency PREA Coordinator and facility leadership during the 180-day corrective action period to ensure MYCF had the greatest likelihood of achieving full compliance with PREA standards. At the time the interim report was submitted, the auditors had determined there was no need for a second onsite visit – i.e. evidence for compliance would be shared electronically and through follow-up interviews as needed. However, prior to the end of the corrective action phase and to gather additional evidence to verify practices and documentation has been consistently implemented, an ESI auditor, decided to make a second onsite visit to the OYA Central Office on November 7, 2019. During this time, the auditor worked with the OYA PREA Compliance Coordinator to review unannounced rounds logs, investigative files, tracking charts used for monitoring PREA-related activities, and other information related to the corrective actions for each of the three facilities audited. This information was considered along with the additional documents provided, allowing the auditors to verify compliance with PREA standards.

<b>Category</b>	<b>Total Standards PRIOR to the Corrective Action Period</b>	<b>Total Standards at the END of Corrective Action Period</b>
Number of Standards <b>Exceeded</b>	0	0
Number of Standards <b>Met</b>	32	42
Number of Standards <b>Not Met</b>	11 (Standards: 313, 317, 331, 332, 342, 353, 361, 367, 371, 373, and 386)	1 (Standard 313)

## Agency/Facility Response to Corrective Actions:

### 115.313 “Supervision and monitoring”

#### Corrective Actions Required:

- Develop and implement a strategy to comply with the federal staff-to-youth ratio requirement of 1:16 during sleeping hours for all cottages.
- Develop a routine monitoring process to ensure unannounced rounds occur on all living units and that there is adequate documentation of these rounds in JJIS. Unannounced rounds must be conducted on graveyard shift and on weekends. Documentation should include a brief description of what was observed and action items resulting from the walk-through.

#### Corrective Actions Completed:

As previously mentioned, during the onsite file review, unannounced rounds logs indicated a need to conduct these rounds on weekend and overnight shifts and a need to increase the quality of documentation (i.e. many of the log entries were not specific to what was observed or action that needed to be taken). To clearly communicate these expectations, the OYA Agency PREA Coordinator shared this information in a SARRT/PREA Compliance Manager meeting held on September 12, 2019. Meeting minutes were submitted to the auditor for verification. Documentation verified the revised PREA Walkthrough Checklist was reviewed and expectations for unannounced rounds were discussed in detail. During the corrective action period the auditors also reviewed a sample of completed SARRC logs during the second onsite visit. This review further confirmed unannounced rounds have been integrated into standard practice and are now occurring consistent with PREA expectations. The auditor notes that SARRC log entries now indicate a description of what was observed, areas of deficiency, and specific actions that were taken in response to identified issues. Expectations related to unannounced rounds were also communicated during the Facility Management Team Meeting held on September 11, 2019. Meeting participants included the MYCF Superintendent, Camp Riverbend Director, and Young Women’s Transition Program Superintendent.

During the corrective action period, the Agency PREA Coordinator created a color-coded tracking chart to track unannounced rounds at all OYA facilities. Each month the OYA PREA Coordinator aggregates the data to ensure rounds are conducted across all days and shifts. She notifies the facility’s PREA Compliance Manager via email if any gaps are identified. In addition, following the initial onsite visit, OYA enhanced the online SARRC tracking log with a fail-proof system that requires the person conducting and documenting unannounced rounds to enter comments into the log. This added feature better ensures individuals are not just checking boxes but rather providing a quality assessment of what they observed, and actions taken during these rounds. At the time this final report was issued, this enhancement was in the development process.

To further support this expectation, the OYA Policy 3.0 Interactive Supervision of Youth Policy was updated to include specific language that now states, “Each facility must have a local operating protocol that ensures rounds are conducted at least twice each month. Over a calendar year, rounds must be completed on each day of the week and each shift.” Following the initial onsite review, MYCF also revised the PREA Walkthrough Checklist to more clearly convey unannounced rounds expectations. The form now directs supervisors and managers to conduct rounds “...no less than twice a month and be conducted on every shift (and every day of the week over the course of one year.” The form also instructs the individual completing the form to draft a narrative explaining any follow-up needed. The auditors

commend OYA for formalizing and tightening the unannounced rounds process by setting clear expectations and by creating formal mechanisms to ensure rounds are conducted consistent with their intended purpose (i.e. to deter and prevent incidents of sexual abuse).

Information provided after the interim report was issued, confirms that MYCF has a detailed strategy to achieve compliance with federal staff-to-youth ratios of 1:8 (daytime) and 1:16 (during sleeping hours) in the coming years. MYCF has a formal written 10-year plan to increase staff-to-youth ratios over time. Review of this document and based on information gathered from interviews with the OYA Agency Director, the MYCF Facility Superintendent, and MYCF Treatment Services Supervisor, the auditor concludes the facility has a formal plan to meet these PREA expectations. Unfortunately, the PREA standards require all facilities to comply with staffing ratios by October 1, 2017. Since the MYCF Valley cottages have 1:25 youth during sleeping hours, MYCF is not in compliance on standard 115.313.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with provisions in Standard 115.313, except the required staff-to-youth supervision ratio. The auditors encourage OYA to continue working towards its goal of decreasing the number of youth (or increasing staffing levels) on the Valley Units.

### **115.317 “Hiring and promotion decisions”**

#### Corrective Actions Required:

- Develop a system to ensure criminal background and abuse registry checks are conducted on all staff, teachers, contractors, and volunteers who work in the facility. MYCF must request documentation of criminal background checks of all contractors, including teachers. OYA may choose to conduct these checks themselves. If OYA chooses to obtain verification from the school district, OYA will need to establish a formal process for tracking and ensuring criminal background checks are conducted every five years consistent with PREA standards.
- Conduct abuse registry checks on all staff hired since 2012 who have not had an abuse registry check.
- Obtain documentation or other reasonable assurance that teachers are asked to respond to the 3 questions required in provision (a) before hire.
- Revise the MOU with the local school district to change the language regarding when background checks are required for contracted teachers to state “before having any contact with youth.”
- Update agency policy to state the agency/facility will not hire or promote anyone, including contractors who “Have 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.”
- Revise the PREA Acknowledgement Form as part of the PREA Introduction Training and PREA Refresher trainings to reflect the information in the above bullet.
- Enhance the current hiring process to include gathering information from potential employees about previous acts of sexual harassment.

#### Corrective Actions Completed:

During the corrective action period, OYA added language to the OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment policy and to the PREA Questionnaire to better meet PREA expectations. The policy and PREA Questionnaire now requires

applicants and contractors to divulge if s/he "...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." In addition, the PREA Acknowledgement Form staff complete during the annual PREA Refresher Training was updated in I-Learn to include more specific PREA language as required in PREA standards - i.e. "...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." Following the onsite audit, a sample of these completed forms were submitted to the auditors to verify this practice has been implemented.

In September 2019 the OYA Education and Vocation Coordinator sent a formal communication to DOE MYCF Principal and teachers explaining the federal PREA requirements impacting their work. The email was submitted to the auditors to verify this communication took place. The email clearly explains that PREA standards require:

- 1) All educational staff will have a child abuse registry check prior to working with youth at the OYA facility (to be conducted by the ESDs and school districts);
- 2) All educational staff will complete the PREA Acknowledgement Questionnaire prior to hire at the OYA facility. This form will also be part of the staff mandated online training;
- 3) All educational staff will be required to complete the OYA Introductory PREA training in I-Learn (this has been added into the group of mandatory online trainings and will added to the staff's I-Learn account automatically); and
- 4) Schools will provide documentation regarding items 1 and 2 to the OYA Educational Coordinator for tracking purposes for the PREA audits.

To further support provisions in this standard, during the corrective action period, the OYA Education and VESYO staff worked closely with the Oregon Department of Education (ODE) to revise existing contract language. At the time of this final audit report the revised contract was in draft form and was expected to be executed in the coming weeks (by the end of 2019). The new OYA /ODE contract now states:

*"Contractor shall ensure that any person having direct contact with OYA youth under this Contract has passed a criminal history and child abuse registry check and meets the OYA's criminal history records check standards as set forth in OAR 416-800-0000 to 416-800-0095 before the person provides services under this Contract. Contractor shall ensure that criminal records checks are updated at least every five years....Any person who has failed a criminal history check...is prohibited from serving as a contracted service provider."*

In addition, the contract now explains the agency's zero tolerance policy and instructs that all contractors are required to report any knowledge, suspicion, or information about an incident of sexual abuse or sexual harassment that occurred while in OYA custody. The agreement also directs, "Before services under this Contract can begin, any Contractor staff having direct contract with OYA youth shall complete the Agency's PREA Questionnaire (YA8037) and return completed questionnaire to the Agency's Contract Administrator." The auditors applaud OYA for ensuring all contractors understand their responsibilities and for memorializing expectations in a formal contract.

During the corrective action period, MYCF submitted evidence that abuse registry checks had been conducted on the two individuals whose files did not contain a child abuse check during the first onsite visit (i.e. those employees hired after 2012). In addition, a follow-up interview with the Agency PREA Coordinator indicated that the new practice will now include teachers completing a hard copy of the PREA Acknowledgement Form. This form will be stored in the school personnel file. In addition, as previously

stated all teachers will be required to complete the online PREA training prior to working with youth. The Agency PREA Coordinator is able to track training completion through the I-Learn reporting system. During the second onsite visit to the OYA Central Office, the auditor reviewed a tracking sheet generated by Willamette Education School District now showing teachers who were hired after 2012 have had child abuse registry checks.

During the corrective action period the OYA Human Resources department enhanced the hiring process to include gathering information from potential employees about previous acts of sexual harassment. The Reference Check Form (YA 8905) was revised and now includes the OYA HR department asking the applicant's references additional questions. These include:

- *“To your knowledge has the applicant ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution? YES/NO (and explain)*
- *To your knowledge has the applicant ever 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 (and explain)*
- *To your knowledge has the applicant ever been civilly or administratively adjudicated to have engaged 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 (and explain)*
- *To your knowledge has the applicant had any history of substantiated sexually harassment issues? YES/NO (and explain)”*

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with all provisions in this standard.

### **115.331 “Employee training”**

#### Corrective Actions Required:

- OYA and/or MYCF is required to create a system for ensuring all staff receive the required full PREA training (“PREA Introduction” online or the “PREA Scenarios” in-classroom training) every two years as well as the PREA refresher training in the in-between years.
- All employees who have not completed the required refresher training and/or full PREA training consistent with PREA expectations must complete these trainings and submit evidence of training completion.

#### Corrective Actions Completed:

During the corrective action period, OYA developed a system to ensure all staff receive the full PREA training every two years as well as the required PREA refresher during the in-between years. The Agency PREA Coordinator created a four-year training schedule (2020-2024) in which requires the comprehensive online PREA training be updated/revised every two years beginning in 2020. A series of materials and training modules were developed for the PREA refresher trainings during the “in-between” years (2021 and 2023). A review of the 13 training refresher modules verified the refresher trainings address many of the most critical PREA standards. More specifically, topics include but are not limited to: The OYA zero-tolerance policy; detecting signs of abuse; dynamics of sexual abuse in juvenile

facilities; professional communications and boundaries; first responder duties; victim advocacy services; investigations; duty to report knowledge, suspicion, and information of abuse; assisting youth who primarily speak another language; youth privacy; methods for youth to report; etc. The revised process/practice requires Living Unit Managers (LUM) to conduct PREA refresher training each quarter during staff unit meetings. To assist LUMs in facilitating these discussion sessions, during the corrective action period the Agency PREA Coordinator developed an OYA PREA Review Discussion Guide. This guide sets clear expectations and provides specific discussion questions to assist LUMs in engaging staff in conversation. Some of the questions include but are not limited to:

- “Do the youth know this information? What steps could we take to ensure they know this information?”
- What is the benefit of this?
- What are the consequences if we don’t do this?
- How well is this being done on our unit?
- What steps could we take to improve/increase/do it better?
- Anything else that may be relevant”

LUMs are required to submit refresher training rosters to the OYA Training Academy (in order to upload to the OYA I-Learn training and tracking system). The PREA Coordinator will monitor PREA refresher training completion throughout the year to ensure compliance. During the corrective action period the auditor reviewed training records demonstrating staff have completed the requisite PREA training.

### **115.332 “Volunteer and contractor training**

#### Corrective Actions Required:

- Enhance Volunteer training to include specifically how to report within the facility, immediate first responder duties, and other practical pieces of the agency policies as it relates to the level of services they provide.
- Enhance the Admission form for Volunteers to clearly state the contents of the training (i.e. I understand I am required to report all incidents of abuse to OYA, I understand how to report incidents of sexual abuse and/or sexual harassment within MYCF, I understand first responder duties, etc.)
- Ensure that all contractors who have direct contact with youth (i.e. the contractor who has not yet completed the OYA training and all contracted teachers) have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response procedures. In accordance with provision (b) this training must be commensurate based on the services contractors provide
- Maintain documentation of the PREA training received by contracted teachers, contractors, and volunteers.

#### Corrective Actions Completed:

At the time of the onsite visit, teachers at MYCF had not received the OYA PREA training. During the corrective action phase, all teachers completed the required training (N=25). These training records were reviewed by the auditor to verify compliance. To supplement the training completion reports generated from I-Learn, the OYA PREA Coordinator recently created a formal Excel tracking sheet to better ensure the requisite PREA training is completed and tracked for teachers. This spreadsheet is reviewed and updated on a quarterly basis. In addition, as previously stated in Standard 115.317 of this audit report,

during the post onsite visit phase, the PREA Coordinator worked closely with the OYA Education and VESYOY Coordinator to revise the contract language with Willamette Valley ESD to better support this standard. The contract now requires all teachers to have a child abuse registry check prior to working with youth at the OYA facility (to be conducted by the ESDs and school districts); complete the PREA Acknowledgement Questionnaire prior to hire at the OYA facility; and complete the OYA Introductory PREA training in I-Learn (this has been added into the group of mandatory online trainings and will added to the staff's I-Learn account automatically)

During the corrective action period, OYA enhanced the OYA Facility Access – Level 2 attestation form (YA 4014) which informs volunteers and contractors of the agency's zero policy for sexual abuse and sexual harassment. The form now clearly state that volunteers and interns are required to notify the OYA contact person or the Oregon State Police if a youth alleges abuse or harassment has occurred and/or if they observe or suspect youth are/have been abused while in the care of OYA. During the corrective action phase, the facility submitted a sample of completed attestation forms (n=2) to verify the new form and practice has been implemented.

As previously explained, initial onsite interviews with a sample of volunteers identified inconsistencies in how best to respond if a youth disclosed sexual abuse. Therefore, during the corrective action period, OYA enhanced its training curriculum (Power Point presentation and facilitator notes) to include specific information such as how to ensure appropriate boundaries with youth; who to report to if a youth alleges sexual abuse and/or harassment; and what to expect as a volunteer during a PREA audit. In addition, during the onsite review of contractor training records, there was one MYCF contractor who had not yet completed the OYA online PREA training. During the corrective action phase this identified contractor was required to take the OYA PREA training. Training records were submitted to the auditor to verify this training had been completed as required.

To further ensure volunteers understand their responsibilities in response to an event of a sexual abuse and/or sexual harassment allegation, OYA revised the Volunteer Training Acknowledgement Form (YA 1406) to clearly state, "<I, Volunteer Name> acknowledge that I participated and understand the contents of the OYA volunteer training at <Location> on <Date>." The form specifically lists out topics covered in the training including: Boundaries (recognizing boundaries and boundary violations, PREA and mandatory reporting requirements); Sexual abuse and sexual harassment (responsibility to report and who to report to and making sure the youth is safe); and other important safety topics. Following the onsite audit, the auditors reviewed additional volunteer training records and signature forms to ensure the new Volunteer Training Acknowledgement form had been implemented. There were two additional volunteers hired during a four-month period following the onsite visit. Signed/dated Volunteer Training Acknowledgement forms for both of these individuals were submitted to the auditor for review. It has been determined that MYCF is now using the enhanced form and practice.

In addition, to better ensure volunteers understand their responsibilities related to sexual safety of youth, OYA created a Volunteer Training Quiz that volunteers must complete once they have finished the PREA training. At each OYA facility the OYA Volunteer Coordinator is responsible for providing the training quiz to ensure that all volunteers understand the training.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with all provisions in this standard.

## 115.342 “Placement of residents in housing, bed, program, education, and work assignments”

### Corrective Actions Required:

- Create a formal process and expectation for ensuring vulnerability risk information is consistently sent to the appropriate parties (this corrective action is also listed in standard 115.341)
- Set the expectation and ensure that vulnerability risk information (to be victimized and/or perpetrate) is formally considered when assigning youth to rooms and/or beds (i.e. Youth is high risk for victimization and will place him in the bed closest to the staff office). This is particularly important in those living units that have dormitory style sleeping quarters. MYCF should consider how it might document these decisions and who would be involved in making bed assignment decisions.
- Educate those responsible for making bed, programming, work, etc. assignment on how interpret the SVAT results and how to use this information to better ensure youth safety. MYCF will be required to submit meeting minutes and/or emails to the auditors as verification that this education session as occurred.

### Corrective Actions Completed:

During the corrective action period, MYCF created a formal process and set clear expectations for ensuring vulnerability risk information is consistently sent to the appropriate parties. MYCF created the OYA MacLaren Youth Correctional Facility Process Checklist: Sexual Vulnerability and Aggressiveness Screening. This tool provides a step-by-step outline of what to do when a new youth enters the facility, specifically related to screening for sexual vulnerability and aggressiveness. The checklist also directs the QMHP to consider SVAT and other screening information to determine special housing needs, additional staff supervision, and programming assignments. The QMHP is responsible for entering this information into JJIS case notes. During the corrective action period, the auditor reviewed a sample of case notes demonstrating that discussion of vulnerability risk factors regularly occurs during placement Multi-Disciplinary Team (MDT) meetings as well as throughout the youth’s stay.

The OYA MacLaren Youth Correctional Facility Process Checklist: Sexual Vulnerability and Aggressiveness Screening also includes the Administrative Review Board assessing all information provided in the MDT recommendations as well as the QMHP and Living Unit Managers assessing vulnerability risk information annually (or if additional needs or safety concerns are identified). The checklist explains that vulnerability risk information is gathered from a completed SVAT and mental health assessments.

As previously mentioned, the OYA Transgender and Intersex Youth Safety and Risk Assessment (YA 1505) is completed twice a year for all transgender youth. The QMHP is responsible for completing the tool. To better ensure provisions of this standard are met, the Agency PREA Coordinator created a tracking mechanism in the AIM database that allows her to better ensure the transgender and intersex youth are re-evaluated every six months. Each month the Agency PREA Coordinator pulls a report and follows up with the facility reminding of which youth need the six-month vulnerability assessment. During the second onsite visit, examples of these communications and review of the AIM tracking features were reviewed by the auditor to verify this process has been implemented. In addition, the auditor reviewed a sample of completed OYA Transgender and Intersex Youth Safety and Risk Assessment (YA 1505) forms (n=4) to verify the new practice has been implemented. In addition, the auditor reviewed screen shots from the AIM database indicating that these required reassessments for transgender youth are consistently being done.

To verify compliance with this standard, during the corrective action period the auditor reviewed meeting minutes from a weekly QMHP call that took place in October 2019. The meeting participants included all QMHPs responsible for conducting the SVAT. Meeting minutes indicated the OYA MacLaren Youth Correctional Facility Process Checklist: Sexual Vulnerability and Aggressiveness Screening was introduced and discussed. The discussion included that information from the risk vulnerability tool must be discussed and documented in the Multi-Disciplinary Team (MDT) meetings.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with all provisions in this standard.

### **115.353 “Resident access to outside support services and legal representation”**

#### Corrective Actions Required:

- Provide training to all facility youth and staff about local victim advocacy services (Center for Hope and Safety).
- Update the training youth receive upon intake (i.e. OYA forms and Youth Safety Guide) to ensure youth are made aware of CHS, the services they provide, and that mandatory reporting laws do not apply to CHS advocates.
- Consider hanging CHS posters and pamphlets on all living units so this information is easily accessible to youth.
- Consider contacting CHS directly and invite them to the facility to talk with youth and staff about the services that they provide.

#### Corrective Actions Completed:

During the corrective action period OYA updated their YA 4033 Form – Youth Safety Orientation. This form now includes a section for staff to explain to youth, “OYA provides youth with outside victim advocates for emotional support services related to sexual abuse. Local advocacy agency phone numbers and addresses are posted on every living unit. Explain that victim advocates are not mandatory reporters.” During the corrective action period, a sample of completed forms were reviewed to ensure that the updated form had been implemented. In addition, the Agency PREA Coordinator submitted a training roster verifying that staff were formally educated on role of advocates and services available.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with all provisions in this standard.

### **115.361 “Staff & agency reporting duties”**

#### Corrective Actions Required:

- Update the OYA policy and the associated response protocol to require documentation of notification to the parents or legal guardians when a youth alleges to be a victim of sexual abuse.
- Enhance OYA Local Operating Protocol MYCF 1-A-10.0 Sexual Abuse Response Plan and the OYA Facility SARRT Sexual Abuse Incident Checklist (YA 1959) to indicate when family members and legal guardians will be informed and who is responsible for making this notification.

### Corrective Actions Completed:

Following the issuance of the interim audit findings report, the OYA shared an additional policy that supported compliance with this standard. The OYA Policy I-E-5.0 Notification to Parents states requires parents/guardians of youth in OYA custody to be notified of significant incidents. Among these events listed are any forms of abuse. More specifically, the policy requires the Living Unit Manager or Officer of the Day to make these abuse notifications to parents/guardians.

As previously mentioned, while onsite a review of investigation records and interviews with MYCF leaders indicated there was a need to clarify who is responsible for making notification to families. Therefore, during the corrective action period, the OYA MYCF enhanced the Facility Services Procedure Statement Youth Incident Report (YIR) FAC 1-E-4.0. The procedure now states the Manager or Officer of the Day (OD) will “verbally notify a youth’s involved family in these youth incidents: Death, including suicide...victim of abuse; and victim of alleged sexual abuse (notify parent or legal guardian only).” The process requires the facility’s Officer of the Day or designated manager to make notification and to document this in the Youth Incident Report. A follow-up conversation with the OYA PREA Coordinator clarified that the state police must be consulted prior to parent/legal guardian notification (as dictated in the MOU with Oregon State Police). A reminder of this requirement was provided by the OYA Agency PREA Coordinator during the October 10<sup>th</sup>, 2019 Facility Management Team meeting. Meeting minutes were sent to the auditor for review as evidence that this communication has been made. During this meeting OYA Facility Superintendents were directed to discuss revisions to the existing procedure in their regular meetings with staff (Living Unit Managers, QMHPS, Case Coordinators, direct care staff, etc.).

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with all provisions in this standard.

### **115.367 “Agency protection against retaliation”**

#### Corrective Actions Required:

- Set clear expectation that monitoring for retaliation must include periodic check-ins with staff or youth who report abuse; who will conduct these check-ins; and where check-ins with staff members who report abuse will be documented. Monitoring for retaliation must occur for both substantiated and unsubstantiated incidences (not only instances of substantiated cases).
- Clarify what the collaboration and involvement look like for the PREA Facility Compliance Manager and the Agency PREA Coordinator as it relates to monitoring retaliation.

#### Corrective Actions Completed:

During the corrective action period MYCF developed a local operating process checklist to set clear expectations regarding monitoring retaliation. The MYCF Monitoring Retaliation for Sexually Abused or Sexually Harassed Youth Process Checklist details the monitoring process and involves periodic check-ins with youth who have reported abuse. More specifically, the checklist identifies the PREA Coordinator as responsible for emailing the facility PCM and SARRC when retaliation monitoring is required and with 30/60/90-day calendar reminders. The new practice requires the QMHP to check-in with youth within one week of reporting abuse and to document these check-ins in the youth’s JJIS case notes. In addition, the procedure direct QMHPs to continue monitoring for retaliation via periodic check-ins over the next 90 days or beyond this timeframe as needed. The facility SARRC is responsible for documenting the check-

in dates in the SARRC log. The OYA Agency PREA Coordinator performs regular quality assurance checks on the SARRC log and corresponding youth case notes to ensure compliance with PREA standards (i.e. verifying check-ins occurred). The new local procedure clearly defines roles and expectations as it relates to monitoring retaliation against youth. During the corrective action period the auditor reviewed examples from SARRC logs providing evidence that this practice has been implemented.

OYA has also developed a protocol to document the process for monitoring staff for retaliation. The protocol is entitled, "Retaliation Monitoring for Staff Who Report Sexual Abuse or Sexual Harassment." This protocol identifies the personnel responsible for monitoring retaliation, the steps to monitor retaliation, and the requirements for documentation. In addition, the protocol ensures that staff who cooperate with an investigation and express fear of retaliation are also monitored. MYCF leaders and the Agency PREA Coordinator scheduled a training for staff on this new protocol in December 2019. The protocol will be implemented immediately for all new allegations of sexual abuse and harassment going forward.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with all provisions in this standard.

### **115.371 "Criminal & administrative agency investigations"**

#### Corrective Actions Required:

- Ensure that all administrative investigation reports for allegations of sexual abuse and sexual harassment provide descriptions of physical and testimonial evidence and efforts to determine if staff actions or failures that contributed to the abuse.
- Implement controls and monitoring to ensure that administrative investigations are closed promptly, in accordance with OYA Policy.

#### Corrective Actions Completed:

During the second onsite visit (during the corrective action period) the auditor reviewed three investigation reports of sexual abuse and sexual harassment allegations at MYCF. Review of these investigation reports and supporting documentation indicated a deeper understanding on behalf of the investigators of what is required in standard 115.371. This was evidenced by detailed descriptions of physical and testimonial evidence from the alleged victims, perpetrators, and witnesses in the investigative report narratives. In addition, these reports clearly addressed whether staff's actions may have contributed to the event and the investigation conclusion. For examples one report stated, "...lack of supervision, performance issue....staff allowing serious horseplay" while another stated "staff were in direct line of sight and properly supervising..." Review of transcriptions from youth and staff interviews during the second onsite visit verified that investigators are conducting thorough investigations and documenting investigation activities consistent with PREA standards.

During the corrective action period, OYA hired two new investigators. This has facilitated investigations being completed in a more timely manner. A sample of screen shots from the PSO AIM system were provided (n=3) to auditors to verify investigations were completed within an appropriate timeframe. Review of this information indicated the sample of investigations were closed between one day to six weeks.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with provisions in this standard.

### **115.373 “Reporting to residents”**

#### Corrective Actions Required:

- Develop a clear process for who is responsible for notifying youth regarding the outcome of the investigation and how this notification will be made.
- Consider enhancing the SARRC log to be able to track the time and date of the entry. An Excel spreadsheet does not serve as the strongest evidence to verify these notifications were made consistent with PREA expectations. OYA may consider documenting this notification in a clinical folder or restricted area in JJIS.

#### Corrective Actions Completed:

In order to better ensure victims (youth in OYA custody) are notified of the outcome of the investigation, OYA created a field in the PSO AIM database to track when this notification was made and by whom. Once the investigation has been completed and the case is closed, the Agency PREA Coordinator emails the appropriate facility Superintendent and PREA Compliance Manager to inform them of the investigation outcome. In this email, the recipient is prompted to:

- 1) Notify the youth of the investigation results and indicate the notification date in the SARRC log
- 2) Email the Agency PREA Coordinator when this notification has been made
- 3) Continue monitoring youth for retaliation including updating SARRC log with related activities and information (as it relates to retaliation)
- 4) Conduct the Administrative Incident Review in cases of sexual abuse within 30 days of completion of the investigation

A sample email was sent to the auditor as well as sample screen shots (n=4) showing completed fields in the PSO AIM database (those indicating the date youth had been notified and by whom). Follow-up interviews with the OYA Agency PREA Coordinator and other staff verified this practice has been fully implemented and expectations clearly conveyed to all relevant staff.

During the SARRC/PCM meeting held on September 12, 2019 the OYA Agency PREA Coordinator reminded all individuals that they must notify the victim (i.e. a youth in OYA custody) of the outcome of the investigation whether substantiated, unsubstantiated, or unfounded. PCMs and/or SARRCS from MYCF, CRB, and YWTP were among those individuals present. Meeting minutes were submitted to and reviewed by the auditors to verify compliance.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with all provisions in this standard.

### **115.386 “Sexual abuse incident reviews”**

#### Corrective Actions Required:

- Ensure sexual abuse incident reviews occur for all instances of substantiated and unsubstantiated incidents of sexual abuse and the AIR is conducted within the 30-day

expectation (OYA policy and federal PREA standards). This may involve creating a spreadsheet, an automated report, or other avenue for tracking this information.

Corrective Actions Completed:

During the corrective action period, OYA updated the Administrative Incident Review Report (AIRR) to include the date the incident review took place. During the corrective action period the auditor reviewed two examples of completed forms verifying that the revised form is now being used to document information discussed during the administrative review process. A follow-up interview with the Agency PREA Coordinator verified that she has a method for tracking when these AIRR are due and her process for ensuring these AIRRs are completed and sent to her within 30 days of investigation completion.

During the corrective action phase OYA also created additional fields in the PSO AIM system to better ensure the sexual abuse incidents are reviewed in a timely manner. The OYA PREA Coordinator now enters a date in the "AIRR Requested" and an email is automatically sent to the SARRC and PCM. This will better ensure AIRRs are completed in a timely manner.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with all provisions in this standard.

This final PREA audit findings report reflects OYA MYCF 98% compliance with federal PREA provisions. MYCF did not successfully meet compliance with the staff-to-youth supervision ratios.

## PREVENTION PLANNING

### Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator 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 program, has each program designated a Program Director/PREA Compliance Manager? (N/A if agency operates only one program.)  
 Yes  No  NA

- Does the Program Director/PREA Compliance Manager have sufficient time and authority to coordinate the program's efforts to comply with the PREA standards? (N/A if agency operates only one program.)  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*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- MacLaren YCF Local Operating Protocol MYCF 1-A-10.0 Sexual Abuse Response Plan
- Professional Standards Office (PSO) organizational chart listing Agency PREA Coordinator
- MacLaren YCF organization chart indicating PREA Compliance Manager (PCM) and Sexual Assault Response and Resource Coordinator (SARRC)
- OYA Facility Access – Level 2 Attestation Form (YA 4014)
- OYA Agency PREA Coordinator interview
- OYA PREA Compliance Manager interview (also serves as the MYCF Superintendent)

OYA has an agency policy that addresses zero tolerance for sexual abuse and sexual harassment. OYA policy 1-A-10.0 Preventing Youth Sexual Abuse and Harassment states, "OYA has a zero-tolerance standard toward all forms of youth sexual abuse and sexual harassment. This policy provides uniform guidelines and procedures to reduce the risk of sexual abuse and sexual harassment in OYA facilities, field offices, and community residential programs." In addition, this policy outlines OYA's approach to preventing, detecting, and responding to such conduct. This approach includes staff training, youth education, supervision of youth, identification of warning signs, and responding to allegations of suspected abuse. Definitions as required by PREA standards are provided in the policy.

In addition to the documents and policies referenced above, information obtained during the onsite review verified the zero tolerance "tone" which permeates OYA and MacLaren Youth Correctional Facility (MYCF). Interviews with agency and program leaders and direct care staff while onsite verified the zero-tolerance policy is intrinsic to the program culture and agency principles. During the facility tour the auditors noted zero tolerance posters throughout campus as well as posters providing the OYA Professional Standards Office (PSO) hotline telephone number.

All employees, volunteers, contractors, and interns conducting business within an OYA facility are required to sign the OYA Facility Access – Level 2 and level 3 Admission Forms (YA 4014/4015). These forms direct individuals to "Notify my OYA contact person or the Oregon State Police of any observed, suspected, or reported abuse or harassment of an offender in OYA custody. OYA has a zero-tolerance policy for any kind of offender abuse or harassment."

In addition, the facility has a detailed sexual abuse response plan. The MacLaren YCF Local Operating Protocol MYCF 1-A-10.0 Sexual Abuse Response Plan indicates the facility has a PREA Compliance Manager (PCM) and a Sexual Assault Response and Resource Coordinator (SARRC). This local protocol

outlines the roles, responsibilities, and documentation expectations in the event a youth alleges sexual abuse or sexual harassment.

OYA has designated an agency wide PREA Coordinator, Ms. Lynn Oliver. This position is a full-time position. The Agency PREA Coordinator does not have any other core responsibilities outside of developing, implementing, and overseeing agency efforts to comply with the PREA standards in OYA's nine close custody facilities/camps. According to interviews with OYA personnel and supported by the organizational chart, the Agency PREA Coordinator reports to the OYA Professional Standards Office (PSO) Chief Investigator/Administrator. The Chief Investigator / PSO Office Administrator reports to the Agency Director. This reporting line ensures that the Agency PREA Coordinator has direct access to OYA's Director.

Similarly, MYCF has a designated Facility PREA Compliance Manager, Mr. Dan Berger, who also serves as the MYCF Superintendent. Interviews indicate he has a clear understanding of his role as it relates to PREA. With the support of three Program Directors and mid-level managers, Mr. Berger has sufficient time and authority to develop, implement, and oversee agency efforts to comply with federal PREA standards. Mr. Berger reports directly to the Assistant Director of Facility Services.

During an interview with the OYA Agency Director, Mr. Joe O'Leary, he emphasized that keeping youth and staff safe is a top agency priority and at the core of the agency's mission. He provided described examples of this commitment including thoughtful planning in constructing new living units to meet staff-to-youth ratios; securing additional resources for physical plant upgrades; and describing the agency's swift and timely response to allegations of sexual abuse and sexual harassment. The auditors conclude the agency and facility leaders are deeply committed to its zero-tolerance policy.

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

##### **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*)

The Oregon Youth Authority and MacLaren YCF do not contract with private entities for the confinement of youth. Therefore, this standard is N/A. Interviews with the PREA Coordinator, MYCF Superintendent, and the Agency Director verified this information.

### Standard 115.313: Supervision and monitoring

#### 115.313 (a)

- Does the agency ensure that each program 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 program 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 program 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 program'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 program'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 program'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 program'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 program'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 program'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 program's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No

- Does the agency ensure that each program'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 program'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 program'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 program'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 program'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 program document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### 115.313 (c)

- Does the program 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 program 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 program fully document any limited and discrete exigent circumstances during which the program did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the program ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the program 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 program, 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 program, 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 program, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The program's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the program, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the program has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.313 (e)

- Has the program 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 program 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 program? (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*)

### Evidence Used in Compliance Determination:

- OYA Form YA 4037 Facility Staffing Plan (PREA Review 6/18/2019)
- OYA Policy II-A-3.0 Interactive Supervision of Youth
- MYCF 10-Year Facility Plan
- OYA Officer-of-the Day Manual
- MacLaren YCF Local Operating Protocol II-A-3.0 Interactive Supervision of Youth
- MacLaren YCF Process Checklist Teacher Classroom Role (Behavior and Classroom Management)

- MacLaren YCF PREA Walkthrough Checklist and Unannounced rounds description (email from Loren Calkins dated 3/21/2019)
- Facility Superintendent/PREA Compliance Manager interview
- Interviews with managers who conduct unannounced rounds
- Agency PREA Coordinator interview
- Review of unannounced rounds logs
- Observations during facility tour
- PREA Walkthrough Checklist (revised September 2019)
- SARRC logs verifying unannounced rounds (during second onsite visit)
- Unannounced rounds logs tracking chart (used by OYA PREA Coordinator to monitor rounds)
- Meeting minutes from Facility Management Team Meeting held on September 12, 2019 (setting unannounced rounds expectations)
- Meeting minutes from SARRT/PREA Compliance Manager meeting held on September 11, 2019 (setting unannounced rounds expectations)
- OYA Policy 3.0 Interactive Supervision of Youth Policy (revised October 2019)

MYCF has implemented consistent staffing patterns and video monitoring to protect residents from sexual abuse. Interviews with the Superintendent/PREA Compliance Manager indicate that staffing levels during the daytime hours are adequate to protect youth from sexual abuse. The facility ensures during waking hours (7 AM – 10 PM) there is a minimum of two Group Life Coordinators (GLCs) on shift to supervise 16 youth in the back cottages (Courtyard) and three GLCs to supervise 25 youth on each cottage in the Valley section of the campus. These ratios are consistent with PREA expectations of 1:8 staff-to-youth ratios. Beginning at 10 PM, living units are supervised by one GLC per living unit. As such, the Courtyard cottages comply with PREA standards (16 youth per cottage), however, the Valley cottages are not (there are 25 youth per cottage in the Valley).

Onsite interview indicated that during school day there is one GLC present with a contracted school teacher in each classroom. Classes have approximately 15 youth. Staff and youth interviews revealed there is only one GLC per classroom (each which has more than ten students) during school hours. While in some cases teachers can be included in the staff-to-youth ratios, information released by the PREA Resource Center (PRC) in order for teachers to be including in these ratios they must have “training on the supervision and control of delinquent youth including, among other things, verbal de-escalation techniques, age-appropriate defensive tactics, and crisis intervention.” All teachers are required to complete supervision training courses through the OYA training academy. Specific courses include: Interactive supervision of youth; verbal de-escalation techniques (Crisis Intervention through the Crisis Prevention Institute model); and personal protection (defensive tactics).

To further establish clear expectations, the MYCF has a local process checklist “Teacher Classroom Role (Behavior and Classroom Management)” which details steps to take to effectively manage negative youth behaviors. The checklist directs the teacher: “If the student’s behavior continues, direct the student to check in with the GLC; collaborate with the GLC to address student’s behavior; write an SBR if the student’s behavior continues; alert the GLC if you witness items being passed between students; check student folders and papers for gang writing and other prohibited written communication and alert the GLC if found.” This protocol provides evidence that teachers are expected to manage youth behaviors and ensure the safety of youth in their care. The checklist also describes how the teacher and/or GLC should deal with a youth’s failure to comply, which may involve the GLC radioing for security to come to the classroom to assist with the youth. During onsite interviews there was some inconsistencies in teacher

responses regarding whether their role was to supervise youth. During the corrective action period all teachers completed the PREA training which reinforced this expectation.

To ensure the staffing pattern is closely adhered to, the facility uses a full-time scheduler who is responsible for ensuring part-time and temporary staff are used to fill positions when vacancies occur. Staff are not permitted to leave their post until another staff member relieves them of their post. Therefore, since no deviations from the planned staffing patterns occur, no deviations have been documented in the past year.

During the onsite review, the Superintendent explained as part of the 10-year plan they have been working to reduce the number of youth in the Valley living units with a goal of having 16 youth on each cottage. Mr. Berger stated there was an average of 20 youth in the front cottages (demonstrating progress towards this long-term goal). In addition, the OYA Director reported he has had several discussions with executive team members, Oregon Governor's staff, and legislators to discuss the need to decrease the number of youth on each living unit and increase the staff-to-youth ratios. The OYA Director confirmed the agency's commitment and long-term strategy to achieve compliance with this PREA standard by reducing the youth population on all living units to a maximum of 16 youth.

MYCF has a formal staffing plan that was created in 2017. The staffing plan describes the specific staffing patterns of various areas of the facility – i.e. Valley living units, Courtyard living units, Campus Operations area, the Intervention unit, and campus wide staff-to-youth ratios. The formal document describes how staff are deployed, mandatory posts, how youth are supervised, supervisory personnel, the extensive video monitoring system, and how the plan is reviewed (quarterly by facility administration and the PREA Compliance Manager). The formal plan was signed by the Facility PREA Compliance Manager and the MYCF Superintendent. A follow-up email with additional documents sent by a MYCF Program Director, indicates the staffing plan is reviewed regularly and provided current staffing ratios for the MYCF campus.

The MYCF has a sophisticated camera surveillance system which is comprised of over 700 cameras throughout campus with an estimated 40 cameras on each living unit. Cameras are monitored by a staff member 24 hours a day, seven days a week. During the onsite facility tour, the auditor noted very few blind spots, to which the Superintendent was already aware. The Superintendent informed the auditors that as part of the 10-year strategic plan (created in 2014) MYCF will install dozens of other cameras to address the few blind spots and provide additional coverage to the outside areas of the living units.

On June 18, 2019 the facility performed a review to determine whether adjustments were needed to the staffing plan, prevailing staffing patterns, deployment of video monitoring, and the resources available to ensure adherence to the staffing plan. The Superintendent, PREA Compliance Manager and PREA coordinator were all involved in this review. OYA has a specific form to document the review, YA 4037. The form requires that the review consider the factors identified in provision (d). However, review of a completed YA 4037 form indicated that the factors required in provision (d) were not discussed or documented.

OYA policy II-A-3.0 Interactive Supervision of Youth describes facility expectations for conducting unannounced rounds. Specifically, the policy requires:

- Facility management staff must conduct unannounced rounds to every living unit and program area of the facility to enhance youth supervision and identify and deter safety and security issues. The rounds must be conducted on differing shifts.

- Staff must not alert other staff members that the management staff rounds are occurring, unless such announcement is related to the operational functions of the facility.
- The management staff must document their rounds in JJIS Unit Logs (e.g., keyword "walkthrough")

MYCF managers periodically conduct unannounced rounds to assess the safety of the living units. Those responsible for conducting these rounds include the MYCF Superintendent, the Program Directors, Treatment Services Supervisor, and Living Unit Managers. There is no set schedule or frequency for these unannounced rounds. Interviews confirmed that managers are prohibited from alerting staff. During the onsite review, the auditors reviewed 90 days of unannounced rounds logs stored in OYA's Juvenile Justice Information System (JJIS). The review indicated that the number of rounds conducted on each unit in the 90-day period varied greatly, ranging from three to over 40 visits. The majority of these rounds were conducted Monday through Friday between the hours of 8 AM to 9 PM. At the time of the onsite audit, the review revealed there were no unannounced rounds conducted during the graveyard shift and very few occurred on the weekends. The quality of documentation also varied with some entries stating, "compliant" while others describing what was observed – i.e. "PREA walkthrough conducted. All area that have youth in them are being supervised. All other areas are secure."

The MacLaren YCF Officer-of-the-Day manual directs identified staff members to conduct at least one unannounced visit to each area of the facility during their tour. These rounds are to focus on youth sexual safety. The manual specifically requires staff to "choose an alternate shift and time from the previous OD's unannounced visit so that the visits are during day and night shifts and do not become predictable by staff and youth." In addition, the MacLaren YCF Officer-of-the Day Manual provides clear direction to staff on what to focus during these rounds. These are:

- "Areas where youth/staff may be out of sight of others or video monitoring (blind spots). How is access to these areas controlled?
- Are there signs posted telling youth of their right to be free of sexual abuse and sexual harassment in areas where all youth are likely to see them?
- Do the signs instruct youth on how to report abuse or harassment?
- Do staff of the opposite gender of the youth announce themselves when they enter an area where youth may be changing clothes, showering, or using the toilet? This is required when status quo of the gender of supervision changes.
- How is opposite-gender viewing (described above) avoided?
- Document your unannounced visit in JJIS Unit Log, keyword 'PREA Walkthrough.'"

On March 21, 2019, to more clearly define expectations, the MYCF Treatment Services Supervisor developed and sent (via email) guidelines for conducting unannounced rounds. The instructions require all designated managers to conduct and document at least one unannounced round per week and states that all shifts should be covered. Specifically, the PREA Walkthrough Checklist prompts staff to check for safety posters (which lists the OYA Hotline number), to identify any physical barriers to supervision, assess staff positioning, etc. These guidelines provided clear examples of appropriate documentation of these rounds.

*Corrective Actions Required:*

- Develop and implement a strategy to comply with the federal staff-to-youth ratio requirement of 1:16 during sleeping hours for all cottages.
- Develop a routine monitoring process to ensure unannounced rounds occur on all living units and that there is adequate documentation of these rounds in JJIS. Unannounced rounds must be

conducted on graveyard shift and on weekends. Documentation should include a brief description of what was observed and action items resulting from the walk-through.

Corrective Actions Completed:

As previously mentioned, during the onsite file review, unannounced rounds logs indicated a need to conduct these rounds on weekend and overnight shifts and a need to increase the quality of documentation (i.e. many of the log entries were not specific to what was observed or action that needed to be taken). To clearly communicate these expectations, the OYA Agency PREA Coordinator shared this information in a SARRT/PREA Compliance Manager meeting held on September 12, 2019. Meeting minutes were submitted to the auditor for verification. Documentation verified the revised PREA Walkthrough Checklist was reviewed and expectations for unannounced rounds were discussed in detail. During the corrective action period the auditors also reviewed a sample of completed SARRC logs during the second onsite visit. This review further confirmed unannounced rounds have been integrated into standard practice and are now occurring consistent with PREA expectations. The auditor notes that SARRC log entries now indicate a description of what was observed, areas of deficiency, and specific actions that were taken in response to identified issues. Expectations related to unannounced rounds were also communicated during the Facility Management Team Meeting held on September 11, 2019. Meeting participants included the MYCF Superintendent, Camp Riverbend Director, and Young Women's Transition Program Superintendent.

During the corrective action period, the Agency PREA Coordinator created a color-coded tracking chart to track unannounced rounds at all OYA facilities. Each month the OYA PREA Coordinator aggregates the data to ensure rounds are conducted across all days and shifts. She notifies the facility's PREA Compliance Manager via email if any gaps are identified. In addition, following the initial onsite visit, OYA enhanced the online SARRC tracking log with a fail-proof system that requires the person conducting and documenting unannounced rounds to enter comments into the log. This added feature better ensures individuals are not just checking boxes but rather providing a quality assessment of what they observed, and actions taken during these rounds. At the time this final report was issued, this enhancement was in the development process.

To further support this expectation, the OYA Policy 3.0 Interactive Supervision of Youth Policy was updated to include specific language that now states, "Each facility must have a local operating protocol that ensures rounds are conducted at least twice each month. Over a calendar year, rounds must be completed on each day of the week and each shift." Following the initial onsite review, MYCF also revised the PREA Walkthrough Checklist to more clearly convey unannounced rounds expectations. The form now directs supervisors and managers to conduct rounds "...no less than twice a month and be conducted on every shift (and every day of the week over the course of one year." The forms also instruct the individual completing the form to draft a narrative explaining any follow-up needed. The auditors commend OYA for formalizing and tightening the unannounced rounds process by setting clear expectations and by creating formal mechanisms to ensure rounds are conducted consistent with their intended purpose (i.e. to deter and prevent incidents of sexual abuse).

Information provided after the interim report was issued, confirms that MYCF has a detailed strategy to achieve compliance with federal staff-to-youth ratios of 1:8 (daytime) and 1:16 (during sleeping hours) in the coming years. MYCF has a formal written 10-year plan to increase staff-to-youth ratios over time. Review of this document and based on information gathered from interviews with the OYA Agency Director, the MYCF Facility Superintendent, and MYCF Treatment Services Supervisor, the auditor concludes the facility has a formal plan to meet these PREA expectations. Unfortunately, the PREA

standards require all facilities to comply with staffing ratios by October 1, 2017. Since the MYCF Valley cottages have 1:25 youth during sleeping hours, MYCF is not in compliance on standard 115.313.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with provisions in Standard 115.313, except the required staff-to-youth supervision ratio. The auditors encourage OYA to continue working towards its goal of decreasing the number of youth (or increasing staffing levels) on the Valley Units.

### **Standard 115.315: Limits to cross-gender viewing and searches**

#### **115.315 (a)**

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

#### **115.315 (c)**

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

#### **115.315 (d)**

- Does the program 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 program 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 program 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 program 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 program 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 program/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 program/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*)

### Evidence Used in Compliance Determination:

- OYA Policy II-A-2.0 Searches of Youth and Youth Property in OYA Facilities
- Review of OYA training syllabus 2470 “Contraband and Searches for Facilities”
- Review of OYA training syllabus 3150 “Staff Search refresher Training 2018”
- Review of OYA training records indicating all staff have been trained on conducting proper searches, including those for transgender and intersex youth
- Interviews with randomly selected direct care staff
- Interviews with random sample of residents

As previously described, there are two different types/physical layouts of living units at MYCF – the “Valley” has seven buildings and “the Courtyard” has six buildings. Each Valley unit has a maximum capacity of 25 youth. The units include a dormitory style sleeping area; a dayroom area; a shared staff office and control room located in the middle of the unit (allows staff to supervise youth in their bunks and the day room); a second common area; and a multipurpose space with recreational equipment. Restrooms and showers are partially shielded by the walls, both from the sleeping area and from staff view as they walk onto the dorm. The six Courtyard living units each house 16 youth. The physical layout is open and the dayroom spans the entire living unit. The unit has 16 individual bedrooms and four individual shower/bathrooms. Only one youth is permitted in the bathroom at a time. Females are required to ring the doorbell signifying a female is about to enter the unit (Courtyard and Valley units). In addition, all staff must knock prior to entering a youth’s bedroom or bathroom and wait for a response before entering.

OYA policy II-A-2.0 Searches of Youth and Youth Property in OYA Facilities describes standards to conducting pat down and strip and visual body cavity searches. According to policy, strip searches (referred to as comprehensive searches) and pat down searches are permitted in certain circumstances

but may only be conducted by staff of the same gender as the youth. In instances of transgender youth, the youth may request that opposite gender staff may conduct the search. The policy specifically states, "Physical body cavity searches are prohibited within OYA facilities." Policy dictates that if staff must perform a cross-gender search in exigent circumstances or because a transgender or intersex youth prefers such search, staff are required to document these cross-gender searches in the JJIS Unit Log. Interviews with staff and youth verified the facility prohibits cross-gender searches, except in situations of transgender and intersex youth and that all staff are following this expectation.

OYA policy II-A-2.0 Searches of Youth and Youth Property in OYA Facilities also prohibits the search or physical examination of youth for the sole purpose of determining the resident's gender. The policy states, "If the biological gender of a youth is unknown and this information is needed for purposes of appropriate placement, staff must refer to a health care provider to obtain this information." This policy also upholds: "All searches must be conducted in a professional manner, using techniques that avoid unnecessary force or indignity to persons involved in the search, while maintaining the integrity of the search."

MYCF has implemented policies and procedures that allow privacy when residents shower, toilet, and change clothes. OYA policy II-A-3.0 Interactive Supervision of Youth requires opposite gender staff to announce their presence "when entering an area where youth are likely to be performing bodily functions; or revealing their genitalia, breasts, or buttocks while changing clothes or showering." In addition, "opposite-gender staff must announce their presence when entering a living unit dormitory or sleeping area." Female staff can fulfill this requirement by either ringing the doorbell which sends off chimes inside the living unit or verbally announce themselves as they enter the unit. Interviews with youth and staff confirmed that this was taking place consistently across campus. When female staff are working on the unit, they strategically position themselves so that they cannot view the places where youth are unclothed. Staff and youth interviews confirmed that the privacy of youth is respected by opposite gender staff.

OYA provides formal training to staff on cross gender and transgender searches. Review of OYA training syllabus 2470 "Contraband and Searches for Facilities" states staff are not permitted to perform cross-gender frisk (pat-down) or comprehensive (strip searches) of youth. In addition, the training also requires trainees to "demonstrate how to search both males and female" youth. Trainees are also required to articulate the OYA policy on same gender searches in facilities. Review of a random sample of training records verified that direct care staff (Group Life Coordinators) have been formally trained on how to conduct cross gender searches and searches of transgender and intersex youth. Review of OYA 3150 training syllabus "Staff Search refresher Training 2018" also provides instructions to staff on how to conduct searches of transgender and intersex residents. Both trainings address the importance of performing these searches in a professional and respectful manner and in the least intrusive way.

OYA policy and practice is to determine a youth's preference (transgender and intersex) at intake.

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

#### **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*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-2.1 Use of Language Services
- OYA Policy II-E-2.4 English Plus – Youth (Facility)
- Oregon Deaf and Hard of Hearing Services Program
- OYA 2018 PREA Refresher Training
- MacLaren YCF Language Interpreter Services Process Checklist
- OYA Youth Safety Guide (English and Spanish versions)
- Review of contract amendment between OYA and the Immigrant and Refugee Community Organization (IRCO) for oral interpretation services (through June 30, 2020)
- Review of the executed purchase order for translation services provided by the Immigrant and Refugee Community Organization (IRCO)
- Interviews with youth with disabilities
- Interviews with direct care staff
- OYA Agency Director interview

OYA has a policy and process for identifying staff who may provide translation services for youth and families. OYA Policy I-D-2.1 Use of Language Services states, "staff will determine who requires language services based on: 1. Results of hearing screenings; 2. A request is made for language services by a youth or the youth's family members; 3. Considering whether there was a need for language services in court or during a youth's previous placement with OYA; 4. Using a bilingual staff or language services to conduct a youth's initial intake; and 5. Communicating with a youth or the youth's family members is hindered by limited English comprehension." According to OYA Policy II-E-2.4 English Plus - Youth,

“Bilingual staff who have been identified by OYA Human Resources Office as fluent in languages in addition to English must be readily available to facilitate communication between staff and youth (or youth families) who are Limited English Proficient (LEP), non-English-speaking, or hearing impaired.” Additionally, this policy requires that language services be used in the following scenarios:

- Notifying a youth of the youth’s rights, responsibilities, and OYA’s youth grievance process;
- Communications involving medical, psychological, or technical information;
- Investigations and disciplinary procedures; and
- Collection of evidence or other sensitive situations, except temporarily in unforeseen emergency circumstances.

At the time of the onsite visit, MYCF did not have youth with physical disabilities or who were Limited English Proficient (LEP). Interviews with the Living Unit Managers (LUMs), Case Coordinators (CC), Qualified Mental Health Practitioners (QMHPs), and direct care staff (GLCs) verified staff understood the process for obtaining appropriate interpreters for youth when needed. Interviews with youth with intellectual challenges indicated staff provided support as needed including reading the information to him and asking questions to ensure they understand the information. Interviews with youth and staff indicated a clear understanding that youth interpreters are not to be used except in exigent circumstances. Staff reported that they could use other staff who have been approved by OYA to be interpreters to assist with LEP youth. During youth interviews, youth stated that they did not think that staff would allow youth to interpret for staff or other youth.

MYCF has a formal Language Interpreter Services Process Checklist that serves as a guide for staff to navigate situations that arise with youth who might need an interpreter. Specifically, the checklist instructs staff that in emergency situations when an onsite bilingual staff or contracted interpreter is not available, staff who are fluent in the required language may interpret until a professional interpreter or bilingual staff is available. If no fluent staff are available staff are directed to:

- Notify the Officer on Duty (OD) that you are going to call the language interpreter phone service.
- Call the interpreter phone service
- Only allow youth, youth visitors, or facility volunteers to temporarily interpret during an emergency while you are arranging for authorized interpreter services. Stop using them as an interpreter once a bilingual staff, contracted interpreter, or the phone service is available.

Information on how best to handle a situation with LEP youth, particularly in an emergency, is also provided in the 2018 PREA Refresher training which all staff are required to complete.

OYA policy I-A-10.00 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, “Provisions of youth education includes formats accessible to all youth, including those who are limited English proficient, hearing impaired, visually impaired, have limited reading skills, or are otherwise disabled (e.g., intellectual, psychiatric, or speech disabilities).” OYA has developed the OYA Youth Safety Guide (English and Spanish versions) to provide education to youth on their rights and responsibilities related to sexual safety. This Guide is written in English, but it is written in a style and format that would be understandable for youth who have an intellectual disability or limited reading ability. Additionally, this same guide has been translated into Spanish to assist those youth who are LEP. During the onsite visit, interviews with low cognitive functioning youth indicated that when receiving PREA education staff made sure the youth understood the material by asking the youth questions. In addition, one youth reported that the staff member read the PREA related information to him.

The two QMHPs who are responsible for youth PREA education at intake knew how to adjust education information for residents with disabilities and those who are LEP. In addition, both QMHPs were aware of state-wide interpretation resources and how to access in-house interpreters. The statewide resource OYA currently uses for translation services for individuals who are deaf and hard of hearing is the Oregon Deaf and Hard of Hearing Services Program (<https://www.oregon.gov/dhs/business-services/odhhs/pages/index.aspx>).

## Standard 115.317: Hiring and promotion decisions

### 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 program, juvenile program, 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 program, juvenile program, 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*)

### *Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- Interagency Agreement between the OYA and Oregon Department of Education (includes language that incorporates registry checks and background checks).
- OYA PREA Refresher Acknowledgment Form (online)
- OYA PREA Questionnaire (for all applicants)
- Interviews with Human Resources staff (HR Analyst and HR Assistant Director)
- Review of sample HR records of persons who were hired or promoted (including contractors and volunteers) in the past 12 months verifying criminal background checks and abuse registry checks have been conducted consistent with PREA expectations
- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment (revised)
- OYA PREA Questionnaire for contractors and staff applicants (revised)
- Sample of completed OYA PREA Training/Refresher Acknowledgment Forms (revised)
- Email communication from the OYA Education and Vocation Coordinator to Department of Education Principal and teachers (September 2019)
- Draft OYA and Oregon Department of Education contract (revised November 2019)
- Willamette Education School District report indicating criminal background and abuse registry checks for teachers
- Review of documents confirming abuse registry checks for MYCF for employees hired after 2012
- OYA Reference Check Form (YA 8905) – revised September 2019

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states that OYA will “not hire, promote, or enlist services of any person who may have direct contact with youth who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting.” OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment further states that OYA will do the following:

- Conduct both a criminal record check and child abuse registry check on every applicant staff member or contractor who may have direct contact with youth;
- Conduct follow-up criminal record checks on the people listed in paragraph 1 above at least every five years;
- Ensure a criminal record check was completed no more than a year prior to any promotion of a staff member;
- When hiring, makes the best effort to contact all previous institutional employers to obtain information on substantiated allegations of sexual abuse and sexual harassment;

- Consider any incidents of substantiated sexual harassment in determining whether to hire or promote staff, or to enlist the services of any contractor who may have contact with youth;
- In written applications and through a yearly signed disclosure form, affirm the duty to disclose any such actions;
- Consider omissions regarding such conduct or the provision of false information as grounds for termination; and
- Provide information on substantiated allegations of sexual abuse or sexual harassment involving a former staff member upon receiving a request from an institutional employer, as laws allow.

Interviews with Human Resources staff and the PREA Coordinator confirmed that the agency does not hire, promote, or contract with persons who answer “yes” to any of the questions on the PREA Questionnaire, which is required at the time of application. These questions are:

- Have you EVER engaged in sexual assault and/or sexual harassment in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997)?
- Have you EVER 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?
- Have you EVER been civilly or administratively adjudicated to have engaged 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?
- Please list all prison, lockup, community confinement facility, or other institutions (as defined in 42 U.S.C. 1997) you have worked/volunteered at and be sure to include the city and state it is located in. If you have not worked for any of the above described organizations/businesses, put N/A in the space below

Staff are required to answer these same questions on an annual basis when completing the online annual PREA Refresher Training and accompanying PREA Acknowledgement Form. Applicants and employees have a duty to disclose any misconduct. The PREA Acknowledgement Form states:

*“By signing this document, I hereby certify every statement I have made in this document is true and complete to the best of my knowledge. I understand any false or incomplete answer may result in denial of employment, dismissal from state service if discovered after employment and, in some circumstances, prosecution for a crime may be grounds for not employing me or for dismissing me after I begin work. Criminal records will be checked in accordance with applicable laws and rules. I understand I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand I may be required to verify any and all information given on this document. I understand this completed document is the property of the state of Oregon and will not be returned. I authorize the state of Oregon to contact prior employers, educational institutions, law enforcement agencies and other relevant individuals and agencies. I understand I must update this document if I have any changes in my name, address, or phone number. I have read and understand the above information.”*

While onsite, Human Resources staff reported that all employees receive criminal background checks annually, exceeding the PREA standard requirements. Review of a random sample of staff records (N=20) and interviews with Human Resources staff confirmed that criminal background checks are conducted consistent with the OYA policy. Additionally, interviews supported that incidents of sexual harassment are considered as part of the decision to hire, promote, or enlist the services of any contractor that may have contact with residents.

Interviews indicated that MYCF also conducts abuse registry checks through the state database (“Oregon Kids”) prior to hiring employees. OYA adopted this practice approximately two years ago. Review of a random selection of MYCF employee files (N=20) revealed that only 12 employees (60%) had an Oregon Kids abuse registry check sometime during their employment with OYA. Most of the staff members who have not had an abuse registry check had been employed by OYA for more than five years. However, the federal standard only requires abuse registry checks on staff hired since 2012. A review of these individuals indicated there were two staff members (one hired in 2012 and another in 2014) who had not yet received the required abuse registry check.

While child abuse registry checks are done only upon hire (meeting the PREA standard) OYA has an MOU with State of Oregon Department of Human Services (DHS) that requires DHS to notify OYA in the event an OYA employee is substantiated on a case of child abuse. OYA Human Resource staff confirmed that in the event a current employee has been substantiated for child abuse, the employee is terminated. Additionally, interviews with HR staff confirmed that all prior institutional employers are contacted to gather information about prior sexual abuse or resignations during an investigation related to sexual abuse.

Provision (b) of this standard requires the agency to consider incidents of sexual harassment in determining whether to hire or promote anyone or when enlisting the services of contractors who may have contact with youth. Currently, OYA is not formally gathering this information.

Interviews with human resource staff confirmed that the agency provides information to other employers about substantiated allegations of sexual abuse or sexual harassment involving former employees. This information is shared once the requestor provides the appropriate release of information.

MYCF has over 20 teachers who are contracted through the local school district. These teachers have not had criminal background checks conducted by OYA. However, the contract between MYCF and the local school district requires that background checks and abuse registry checks be conducted before hire and that background checks be performed at least every five years. The agency does not receive documentation confirming that these background or abuse registry checks are conducted nor does OYA perform any periodic monitoring. In addition, background checks are required only before unsupervised contact with youth. The auditors remind OYA that these checks should occur before *any* contact with youth (whether supervised or unsupervised).

#### **Corrective Actions:**

- Develop a system to ensure criminal background and abuse registry checks are conducted on all staff, teachers, contractors, and volunteers who work in the facility. MYCF must request documentation of criminal background checks of all contractors, including teachers. OYA may choose to conduct these checks themselves. If OYA chooses to obtain verification from the school district, OYA will need to establish a formal process for tracking and ensuring criminal background checks are conducted every five years consistent with PREA standards.
- MYCF is required to conduct abuse registry checks on all staff hired since 2012 who have not had an abuse registry check.
- Obtain documentation or other reasonable assurance that teachers are asked to respond to the 3 questions required in provision (a) before hire.
- Revise the MOU with the local school district to change the language regarding when background checks are required for contracted teachers to state “before having any contact with youth.”

- Consider updating agency policies to state the agency/facility will not hire or promote anyone, including contractors who “Have 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.”
- Revise the PREA Acknowledgement Form as part of the PREA Introduction Training and PREA Refresher trainings to reflect the information in the above bullet.
- Enhance the current hiring process to include gathering information from potential employees about previous acts of sexual harassment. For example, this should involve adding questions to the PREA Questionnaire such as:
  - Have you ever had a substantiated sexual abuse complaint against you?
  - Have you ever had a sexual harassment complaint against you?
  - Did the investigation substantiate this complaint (i.e. stating that the incident did indeed occur)?
  - Have you ever resigned during a pending investigation of alleged sexual abuse or sexual harassment?

Corrective Actions Completed:

During the corrective action period, OYA added language to the OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment policy and to the PREA Questionnaire to better meet PREA expectations. The policy and PREA Questionnaire now requires applicants and contractors to divulge if s/he “...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.” In addition, the PREA Acknowledgement Form staff complete during the annual PREA Refresher Training was updated in I-Learn to include more specific PREA language as required in PREA standards - i.e. “...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.” Following the onsite audit, a sample of these completed forms were submitted to the auditors to verify this practice has been implemented.

In September 2019 the OYA Education and Vocation Coordinator sent a formal communication to DOE MYCF Principal and teachers explaining the federal PREA requirements impacting their work. The email was submitted to the auditors to verify this communication took place. The email clearly explains that PREA standards require:

- 5) All educational staff will have a child abuse registry check prior to working with youth at the OYA facility (to be conducted by the ESDs and school districts);
- 6) All educational staff will complete the PREA Acknowledgement Questionnaire prior to hire at the OYA facility. This form will also be part of the staff mandated online training;
- 7) All educational staff will be required to complete the OYA Introductory PREA training in I-Learn (this has been added into the group of mandatory online trainings and will added to the staff’s I-Learn account automatically); and
- 8) Schools will provide documentation regarding items 1 and 2 to the OYA Educational Coordinator for tracking purposes for the PREA audits.

To further support provisions in this standard, during the corrective action period, the OYA Education and VESoy staff worked closely with the Oregon Department of Education (ODE) to revise existing contract language. At the time of this final audit report the revised contract was in draft form and was expected to be executed in the coming weeks (by the end of 2019). The new OYA /ODE contract now states:

*“Contractor shall ensure that any person having direct contact with OYA youth under this Contract has passed a criminal history and child abuse registry check and meets the OYA’s criminal history records check standards as set forth in OAR 416-800-0000 to 416-800-0095 before the person provides services under this Contract. Contractor shall ensure that criminal records checks are updated at least every five years....Any person who has failed a criminal history check...is prohibited from serving as a contracted service provider.”*

In addition, the contract now explains the agency’s zero tolerance policy and instructs that all contractors are required to report any knowledge, suspicion, or information about an incident of sexual abuse or sexual harassment that occurred while in OYA custody. The agreement also directs, “Before Services under this Contract can begin, any Contractor staff having direct contact with OYA youth shall complete the Agency’s PREA Questionnaire (YA8037) and return completed questionnaire to the Agency’s Contract Administrator.” The auditors applaud OYA for ensuring all contractors understand their responsibilities and for memorializing expectations in a formal contract.

During the corrective action period, MYCF submitted evidence that abuse registry checks had been conducted on the two individuals whose files did not contain a child abuse check during the first onsite visit (i.e. those employees hired after 2012). In addition, a follow-up interview with the Agency PREA Coordinator indicated that the new practice will now include teachers completing a hard copy of the PREA Acknowledgement Form. This form will be stored in the school personnel file. In addition, as previously stated all teachers will be required to complete the online PREA training prior to working with youth. The Agency PREA Coordinator is able to track training completion through the I-Learn reporting system. During the second onsite visit to the OYA Central Office, the auditor reviewed a tracking sheet generated by Willamette Education School District now showing teachers who were hired after 2012 have had child abuse registry checks.

During the corrective action period the OYA Human Resources department enhanced the hiring process to include gathering information from potential employees about previous acts of sexual harassment. The Reference Check Form (YA 8905) was revised and now includes the OYA HR department asking the applicant’s references additional questions. These include:

- *“To your knowledge has the applicant ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution? YES/NO (and explain)*
- *To your knowledge has the applicant ever 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 (and explain)*
- *To your knowledge has the applicant ever been civilly or administratively adjudicated to have engaged 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 (and explain)*
- *To your knowledge has the applicant had any history of substantiated sexually harassment issues? YES/NO (and explain)”*

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with all provisions in this standard.

## Standard 115.318: Upgrades to facilities and technologies

### 115.318 (a)

- If the agency designed or acquired any new program 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/program has not acquired a new program 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/program 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*)

### Evidence Used in Compliance Determination:

- 10 Year Strategic Plan for Close Custody – Final Report (issued August 2014)
- Interview with the OYA Agency Director
- Interview with the Agency PREA Coordinator
- Interview with the MYCF Superintendent
- Observations during program audit tour
- OYA 2016 PREA Compliance Status Report

During the tour of the MYCF campus, auditors observed extensive camera surveillance in all campus buildings (i.e. living units, treatment mall, lattice factory, etc.) As previously mentioned, MYCF has over 700 cameras and has plans to install over 40 more in the coming year.

In 2014 OYA conducted an extensive assessment of its facilities to determine physical plant renovations needed. The results are detailed in the “10 Year Strategic Plan for Close Custody – Final Report” (issued August 2014). The report provides information on three key issues that were affecting OYA facilities: 1) physical (age and condition of facilities); 2) environmental (access to daylight, views, appropriate finishes, and safety provided by seismic upgrades) and 3) programmatic (access to the right types and configuration of spaces for programs such as treatment, recreation, housing, visitation, education and vocational programs). The “10 Year Strategic Plan for Close Custody – Final Report” details specific renovations and construction projects that will better ensure youth safety and create a Positive Youth Development (PYD) environment. This ten-year plan is reviewed by OYA Facility Services and the OYA

Superintendent a minimum of annually to ensure these projects are completed according to the desired timeframes.

Consistent with the 10-year strategic plan, several years ago MYCF remodeled the physical layout/structure of the Lake living unit to enhance supervision and monitoring of youth. During the facility tour the Superintendent explained the intentional changes made to improve youth supervision. In addition, MYCF built six living units in the Courtyard area. These new units replaced old units that were less conducive to supervision and treatment. The structural layout of the new Courtyard units allow staff a direct line of sight of youth when positioned anywhere on the unit. The auditors applaud OYA and MYCF for being planful and strategic when designing and renovating living units.

**RESPONSIVE PLANNING**

**Standard 115.321: Evidence protocol and forensic medical examinations**

**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/program is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)

Yes    No    NA

**\* The Oregon State Police is responsible for conducting criminal sexual abuse investigations**

**115.321 (b)**

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/program 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/program 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 onsite or at an outside program, 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/program 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*)

#### *Evidence Used in Compliance Determination:*

- OYA Policy I-D-4.0 Professional Standards Office Investigations
- Executed Interagency Agreement Between Oregon State Police (OSP) and OYA
- OYA Facility SARRT Sexual Abuse Incident Checklist Form YA 1959
- OYA Facility First Responders to Sexual Abuse Checklist Form YA 1958
- OYA Health Services Procedure HS I-A-10.0 Preventing, Responding to and Monitoring Youth Sexual Abuse/Assault
- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- Salem Health Hospitals and Clinics "Care of the Adolescent or Adult Victim of Sexual Assault Clinical Department Level Policy and Procedure"
- Executed MOU between OYA and Center for Hope and Safety (CHS)
- Interview with MYCF Superintendent/PREA Compliance Manager
- Interviews with youth who reported sexual abuse
- Interview with Salem Hospital's SANE Program Coordinator
- Interview with OYA Medical Director
- Interview with OYA Registered Nurse
- Interviews with random sample of direct care staff

The Oregon State Police (OSP) is responsible for conducting criminal investigations within OYA facilities. The OYA Professional Standards Office (PSO) is responsible for conducting administrative investigations. The responsibilities between OSP and OYA are outlined in an interagency agreement. This interagency agreement between OSP and OYA states, "For Crimes committed within a state institution evidence will be collected, documented, packaged and stored according to current OSP and OYA policy to ensure the integrity of the item and its proper chain of custody. The scene of an alleged crime will be preserved pending notification and arrival of OSP. Relevant evidence will be stored and submitted to an OSP Forensics Laboratory for appropriate testing and legal destruction when authorized and/or appropriate. Staff will provide reports and pertinent information to OSP." The agreement further states, "sexual assault investigations will be conducted in accordance with guidelines established by the Prison Rape Elimination Act (PREA) and sexual assault investigation protocols established by the Oregon statute and best practices."

Consistent with the OYA/OSP interagency agreement, the OYA Facility SARRT Sexual Abuse Incident Checklist Form YA 1959 provides guidance to maximize the potential for obtaining usable physical evidence. Specifically this checklist provides instructions such as, "Make sure the victim is safe and separated from the alleged perpetrator; seek a medical evaluation and treatment for the victim and alleged perpetrator, if needed; do not interview the alleged perpetrator unless authorized by the Oregon State Police (OSP) or someone from the Professional Standards Office (PSO) and; sexually abusive penetration incidents that occurred within 96 hours: Coordinate with facility management for immediate transport of both victim and alleged perpetrator to a designated health care facility for collection of forensic evidence."

Similar directives regarding evidence preservation are provided on the OYA Facility First Responders to Sexual Abuse Checklist Form YA 1958. This form states for incidents of sexually abusive penetration that has occurred within 96 hours, first responders are to:

- Preserve the crime scene.
- Do not allow anyone to move anything in/out of the area.
- Do not allow anyone in the area, unless needed.
- Keep a log of everyone who enters/exits area.
- Do not let the victim out of sight.
- Request that the victim to not change clothes, wash body, defecate, urinate, eat, drink, or brush teeth until after a forensic exam is completed.
- Ensure that the alleged abuser does not change clothes, wash, defecate, urinate, eat, drink, or brush teeth until after a forensic exam is completed.
- Verbally notify a facility SARRT staff member, officer-of-the-day (OD), and the Professional Standards Office Chief Investigator.
- Call medical staff if victim or alleged abuser is injured or requires a forensic exam.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires that following a sexual abuse incident, “The superintendent, camp director, SARRC or PCM, must ensure the sexual abuse victim is reminded of victim rights and advocacy information, and that a qualified victim advocate is available to the sexual abuse victim. The qualified victim advocate may be a qualified agency staff member, or an advocate from a community-based organization.” Interviews with the Superintendent and SARRC verified contacting the local advocacy center is part of the first responder protocol for MYCF.

OYA has established an MOU with Center for Hope and Safety (CHS), a sexual assault victim advocacy agency. The Executed MOU between OYA MYCF and CHS outlines roles and responsibilities between both parties. OYA will specifically, “make the involve of CHS by telephone a standard response to a report of sexual abuse or request help form a survivor of sexual abuse.” CHS will, “Provide a victim advocate upon request from MYCF who will receive a forensic medical examination as a result of suffering sexual violence. Upon the victim’s request, the victim advocate shall accompany and support the victim during the examination process and investigatory interviews, as well as provide emotional support, crisis intervention, information and referrals.”

During the onsite visit, the auditors interviewed the MYCF Registered Nurse (RN) Supervisor and one Registered Nurse. These individuals are not SANE certified. Interviews indicated that in the event of alleged sexual abuse, a youth would be taken to either Salem Hospital or Meridian Park Hospital (located in Tualatin) for a forensic examination by a certified SANE. Review of the Salem Health Hospitals and Clinics “Care of the Adolescent or Adult Victim of Sexual Assault Clinical Department Level Policy and Procedure” indicates the policy and protocol is consistent with PREA standards. Specifically, the policy references requirements and standards from the Oregon State Board of Nursing, National Protocol for Sexual Assault Medical Forensic Examinations, and the Oregon Attorney General’s Office Sexual Assault Task Force (SATF). In addition, the Salem Hospital protocol requires hospital staff to contact the Center for Hope and Safety for a victim advocate and crisis support services. The policy/protocol states that friends and family may stay with the victim during the interview process, as requested by the victim. It is reasonable to infer that the hospital would allow individuals listed in this policy, as well as victim advocates, to sit in on the forensic examination upon request. This process was confirmed during an interview with the Salem Hospital SANE Program Coordinator.

Consistent with PREA expectations, the Salem Health Hospitals and Clinics “Care of the Adolescent or Adult Victim of Sexual Assault Clinical Department Level Policy and Procedure” states that victims will be offered prophylaxis medications for Chlamydia and Gonorrhea as well as for pregnancy protection. The policy also states, “the victim may choose to decline any or all medications, but such action must be documented.”

As previously stated, attempts were made by this auditor to contact the local victim advocacy organization, Center for Hope and Safety (CHS). At the time of this report, the auditor had not received a call back from a CHS advocate.

OYA Health Services Procedure HS I-A-10.0 Preventing, Responding to and Monitoring Youth Sexual Abuse/Assault requires health care services be provided at no cost to the sexually assault/abuse victim. The procedure specifically states health services “must be provided regardless of whether or not the youth names the abuser or cooperates with the investigation.” This procedure explains if the abuse occurred within the last 96 hours staff must, “Ensure the youth is medically stable, without compromising forensic evidence” and also must “Arrange for the youth to be transported to a medical emergency room or a facility in the community that is equipped to evaluate, collect physical evidence, and treat victims of sexual abuse/assault.” This procedure also requires that, “The medical provider refer the youth to a mental health practitioner for crisis intervention, assessment for suicide risk and counseling. The mental health practitioner must meet with the youth within 24 hours of the medical examination.” An interview with the OYA Medical Director and an interview with the MYCF RN provides further support that practices are aligned with PREA expectations.

## **Standard 115.322: Policies to ensure referrals of allegations for investigations**

### **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/program 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*)

### Evidence Used in Compliance Determination:

- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Executed Interagency Agreement Between Oregon State Police (OSP) and OYA
- Interview with OYA Agency Director
- Review of investigation files and reports
- <https://www.oregon.gov/oya/Pages/psso.aspx>
- Interviews with PSO investigators
- Interview with the Chief PSO Investigator

The OYA Policy I-D-4.0 Professional Standards Office of Investigations states that, “PSO must investigate each allegation/complaint it receives or refer the investigation to the appropriate agency, OYA Human Resources, or the appropriate supervisor/manager or designee.” When the complaint involves potentially criminal activity, “PSO must contact law enforcement agencies in the event of suspected criminal activity by staff or nonstaff and act as OYA’s liaison with any law enforcement agency investigating OYA staff or nonstaff.” Interviews with the Chief PSO Investigator and a PSO Investigator and other supporting documentation verified PSO investigates all reports and complaints received and refers cases to local law enforcement consistent with OYA policies.

The OYA Policy I-D-4.0 Professional Standards Office of Investigations describes the PSO Case Management System. Specifically, it requires PSO to maintain a database that has an, “inventory of complaints and investigation cases for case history and data analysis.” The policy also states, “PSO staff must record all complaints and allegations described in this policy in the database. Entries must record the basic information on each case, including alleged subjects, allegations, complainant information, date complaint received, investigator assigned, disposition and disposition date for each complaint. A unique case number must be assigned to each complaint or allegation to simplify case tracking.” During the

onsite audit the Agency PREA Coordinator explained how the PSO AIM system works and shared her process for ensuring PREA data requirements are met. All PSO calls are returned within 24 hours of listening to the voicemail, even if the complaint/grievance is not sexual abuse, assault, or harassment.

During the onsite visit, the PSO Administrative Assistant showed the auditors an extensive tracking spreadsheet she uses to carefully track when a complaint/grievance is received through the OYA Hotline. The tracking sheet provides important information such as when the initial follow-up call was placed to the person reporting, the initial response from PSO, and the investigator to which the case was referred, to name a few. The auditors applaud OYA for carefully tracking this important information and ensuring all complaints/grievances are fully investigated (not only those of sexual assault, abuse, or harassment).

OYA Policy I-D-4.0 Professional Standards Office of Investigations is posted on OYA's website at: [https://www.oregon.gov/oia/pages/policies/policy\\_list.aspx](https://www.oregon.gov/oia/pages/policies/policy_list.aspx). This policy outlines OYA's responsibilities as it pertains to investigations. In addition, the Executed Interagency Agreement Between Oregon State Police (OSP) and OYA describes responsibilities of both parties pertaining to criminal investigations and is also posted on the OYA website. The auditor checked the website link and the link is in working order.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

#### 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 program?  
 Yes  No
- Have employees received additional training if reassigned from a program that houses only male residents to a program 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*)

*Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Employee PREA training Power Point
- OYA PREA Training 3325 PREA Scenarios (classroom)
- OYA online training course 1325: PREA Introduction training
- OYA online training course: (1330) 2018 PREA Refresher training
- OYA online PREA Acknowledgment Form
- Review all facility PREA training records between January 1, 2018 – April 22, 2019
- OYA Facility Access – Level 2 attestation form (YA 4014)
- Interviews with direct care and specialized staff
- PREA Review Discussion Guide
- Four-year PREA training plan/timeline (Years 2020 through 2024)
- PREA refresher training guides (13 modules)

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment outlines required training for all staff. The initial training is the OYA PREA Training 1325 that all new employees must complete. OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires: “All staff receive instruction related to the prevention, detection, reporting, and investigation of youth sexual abuse and sexual harassment during New Employee Orientation (NEO)... The training must include the following topics:

- a) OYA's zero-tolerance for sexual abuse and sexual harassment;
- b) How staff must prevent, detect, report, and respond to youth sexual abuse and sexual harassment;
- c) A youth's right to be free from sexual abuse and sexual harassment;
- d) A staff member's and youth's right to be free from retaliation for reporting sexual abuse and sexual harassment incidents;
- e) The dynamics of sexual abuse and sexual harassment in juvenile facilities, field offices, and community programs;
- f) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- g) 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 youth;
- h) How to avoid inappropriate relationships with youth;
- i) How to communicate effectively and professionally with youth, including LGBTQQI, and gender nonconforming youth; and
- j) Relevant laws regarding the applicable age of sexual consent.”

Following New Employee Orientation, all facility employees are required to complete the Advanced Training Academy. At this time, these employees are required to complete the OYA 3325 PREA Scenarios training. This is a classroom training in which the instructor uses 10 or more behavioral scenarios to educate new employees on what constitutes sexual harassment and sexual abuse; their responsibilities as a first responder; how personal biases and perceptions can alter how staff see and interpret events; and how unhealthy boundaries with youth can occur, to name a few. The auditors applaud OYA for using behavior-based scenarios and experiential learning exercises to better ensure staff understand PREA-related expectations.

OYA also requires refresher trainings every other year. The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, “staff who have direct contact with OYA youth will receive in-service training on preventing, detecting, reporting, and responding to youth sexual abuse and harassment during annual staff updates according to their job classifications. In-service training must be tailored to the gender of youth the staff member has contact with.”

OYA requires employees to complete the OYA PREA Acknowledgement Form on an annual basis. This form asks questions relevant to standard 115.317. These are:

- Have you EVER engaged in sexual assault and/or sexual harassment in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997)?
- Have you EVER 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?
- Have you EVER been civilly or administratively adjudicated to have engaged 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?
- Please list all prison, lockup, community confinement facility, or other institutions (as defined in 42 U.S.C. 1997) you have worked/volunteered at and be sure to include the city and state it is located in. If you have not worked for any of the above described organizations/businesses, put N/A in the space below

According to MYCF staff training records (January 1, 2018 – April 22, 2019) 350 employees completed the PREA Acknowledgement Form in 2018 or 2019. This represents all MYCF employees at the time of the onsite review.

Both the PREA Introduction Training and the PREA 2018 Refresher Training are interactive and trainees are required to answer questions throughout the training in order to advance to the next slide/training section. The trainee receives a total score at the end of the training and must score 100% in order to obtain a training certificate. PREA standard 115.331 require employees to attest via electronic signature that they understand the PREA training (i.e. they are a mandatory reporter, know how to report, etc.). Since trainees must demonstrate understanding of the concepts throughout the training, OYA complies with provision (d) requiring an electronic signature demonstrating understanding of the training.

Review of MYCF staff training records indicate 87 employees had completed either the PREA Introduction Training 3330 or the PREA Scenarios Training 1325 (classroom in-person training) in 2018 or 2019. Another 104 staff members received the OYA PREA Facility Update in 2019. In total there were 191 staff members who received some type of PREA training (introduction, classroom/scenarios, or refresher/update) in 2018 or 2019. Since MYCF employs over 300 part-time and fulltime staff members, less than 60% of staff members have completed the requisite PREA training (training records between January 1, 2018 and April 22, 2019). Therefore, MYCF is not in compliance with this standard.

#### **Corrective Actions:**

- OYA and/or MYCF is required to create a system for ensuring all staff receive the required full PREA training (“PREA Introduction” online or the “PREA Scenarios” in-classroom training) every two years as well as the PREA refresher training in the in-between years.

- All employees who have not completed the required refresher training and/or full PREA training consistent with PREA expectations must complete these trainings and submit evidence of training completion.

Corrective Actions Completed:

During the corrective action period, OYA developed a system to ensure all staff receive the full PREA training every two years as well as the required PREA refresher during the in-between years. The Agency PREA Coordinator created a four-year training schedule (2020-2024) in which requires the comprehensive online PREA training be updated/revised every two years beginning in 2020. A series of materials and training modules were developed for the PREA refresher trainings during the “in-between” years (2021 and 2023). A review of the 13 training refresher modules verified the refresher trainings address many of the most critical PREA standards. More specifically, topics include but are not limited to: The OYA zero-tolerance policy; detecting signs of abuse; dynamics of sexual abuse in juvenile facilities; professional communications and boundaries; first responder duties; victim advocacy services; investigations; duty to report knowledge, suspicion, and information of abuse; assisting youth who primarily speak another language; youth privacy; methods for youth to report; etc. The revised process/practice requires Living Unit Managers (LUM) to conduct PREA refresher training each quarter during staff unit meetings. To assist LUMs in facilitating these discussion sessions, during the corrective action period the Agency PREA Coordinator developed an OYA PREA Review Discussion Guide. This guide sets clear expectations and provides specific discussion questions to assist LUMs in engaging staff in conversation. Some of the questions include but are not limited to:

- “Do the youth know this information? What steps could we take to ensure they know this information?”
- What is the benefit of this?
- What are the consequences if we don’t do this?
- How well is this being done on our unit?
- What steps could we take to improve/increase/do it better?
- Anything else that may be relevant”

LUMs are required to submit refresher training rosters to the OYA Training Academy (in order to upload to the OYA I-Learn training and tracking system). The PREA Coordinator will monitor PREA refresher training completion throughout the year to ensure compliance. During the corrective action period the auditor reviewed training records demonstrating staff have completed the requisite PREA training.

**Standard 115.332: Volunteer and contractor training**

**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*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Employee PREA training Power Point (initial and revised versions)
- OYA online training courses: PREA Introduction training and 2008 PREA Refresher training
- OYA online PREA Acknowledgment Form
- Volunteer training: Contraband Power Point
- Volunteer training: Boundaries Power Point
- Volunteer training: Safety and Security Power Point
- Volunteer training Quiz 2019
- Volunteer training High Expectations and Accountability Power Point
- Volunteer training Caring and Supportive Relationships Power Point
- Volunteer training Meaningful Participation and Community Connection Power Point
- OYA Facility Access – Level 2 attestation form (YA 4014)
- Interviews with contractors and volunteers who have contact with residents
- Review of volunteer and contractor training records
- PREA training records for teachers and contractors
- PREA training Excel tracking sheet (specific to teachers)
- Draft OYA and Oregon Department of Education contract (revised November 2019)
- OYA Facility Access – Level 2 attestation form (YA 4014) - revised
- Sample of completed OYA Facility Access – Level 2 forms
- Volunteer Training Acknowledgement Form (YA 1406) – revised
- Sample of completed/signed Volunteer Training Acknowledgement Forms (YA 1406)
- Volunteer Training Quiz

OYA Facility Access – Level 2 attestation form (YA 4014) informs volunteers and contractors of the agency's zero policy for all forms of sexual abuse and sexual harassment. This form is required to be signed before OYA will allow individuals access to an OYA facility.

MYCF has over 200 volunteers who regularly visit campus to provide a variety of services to youth including religious services, mentoring, and educational tutoring, to name a few. MYCF employs a fulltime Religious Services/Volunteer Coordinator who is responsible for training all volunteers and ensuring criminal background checks are conducted prior to these individuals having contact with youth. The Religious Services/Volunteer Coordinator has created two Power Point presentations that he uses to facilitate these trainings (“Contraband” and “Boundaries” training). During the onsite visit, the auditors reviewed these presentations and noted that topics covered are pertinent to PREA. Some of these include: Healthy boundaries/relationships with youth, zero tolerance for sexual abuse and sexual harassment, and mandatory reporting laws. Volunteers are taught to contact a supervisor immediately if a youth reports sexual abuse. Onsite interviews with a sample of volunteers indicated inconsistencies in how best to respond if a youth disclosed sexual abuse. Therefore, OYA was required to enhance its training curriculum during the corrective action period (additional information provided in future sections).

Volunteers are required to sign a form acknowledging they have received training on a host of topics (non-PREA related as well as healthy boundaries, PREA, etc.). During the onsite visit, the auditors reviewed a random sample of volunteer training records (N=12) and signature forms verifying volunteers receive training related to zero-tolerance and mandatory reporting. An additional sample of completed forms was reviewed during the corrective action period to ensure the new Volunteer Training Acknowledgement form had been implemented.

MYCF contracts with six individuals who provide a variety of services to youth on a regular basis (i.e. psychological). OYA contractors are required to complete the initial online PREA Introduction training as required for OYA employees. Review of all six contractor training records verified all contractors received PREA training, although one contractor had not received the OYA PREA training. This individual did complete a PREA training provided by Oregon Department of Corrections (DOC) in 2011.

Although teachers at MYCF are employees of the local school district, these individuals are contracted by OYA. At the time of the onsite visit, teachers at MYCF had not received the OYA PREA training. Corrective actions were required and the facility took the necessary actions to achieve compliance with provisions in this standard (see additional information in the following section).

#### **Corrective Actions:**

- Enhance Volunteer training to include specifically how to report within the facility, immediate first responder duties, and other practical pieces of the agency policies as it relates to the level of services they provide.
- Enhance the Admission form for Volunteers to clearly state the contents of the training (i.e. I understand I am required to report all incidents of abuse to OYA, I understand how to report incidents of sexual abuse and/or sexual harassment within MYCF, I understand first responder duties, etc.)
- Ensure that all contractors who have direct contact with youth (i.e. the contractor who has not yet completed the OYA training and all contracted teachers) have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response procedures. In accordance with provision (b) this training must be commensurate based on the services contractors provide
- Maintain documentation of the PREA training received by contracted teachers, contractors, and volunteers.

### Corrective Actions Completed:

At the time of the onsite visit, teachers at MYCF had not received the OYA PREA training. During the corrective action phase, all teachers completed the required training (N=25). These training records were reviewed by the auditor to verify compliance. To supplement the training completion reports generated from I-Learn, the OYA PREA Coordinator recently created a formal Excel tracking sheet to better ensure the requisite PREA training is completed and tracked for teachers. This spreadsheet is reviewed and updated on a quarterly basis. In addition, as previously stated in Standard 115.317 of this audit report, during the post onsite visit phase, the PREA Coordinator worked closely with the OYA Education and VESoy Coordinator to revise the contract language with Willamette Valley ESD to better support this standard. The contract now requires all teachers to have a child abuse registry check prior to working with youth at the OYA facility (to be conducted by the ESDs and school districts); complete the PREA Acknowledgement Questionnaire prior to hire at the OYA facility; and complete the OYA Introductory PREA training in I-Learn (this has been added into the group of mandatory online trainings and will added to the staff's I-Learn account automatically)

During the corrective action period, OYA enhanced the OYA Facility Access – Level 2 attestation form (YA 4014) which informs volunteers and contractors of the agency's zero policy for sexual abuse and sexual harassment. The form now clearly state that volunteers and interns are required to notify the OYA contact person or the Oregon State Police if a youth alleges abuse or harassment has occurred and/or if they observe or suspect youth are/have been abused while in the care of OYA. During the corrective action phase, the facility submitted a sample of completed attestation forms (n=2) to verify the new form and practice has been implemented.

As previously explained, initial onsite interviews with a sample of volunteers identified inconsistencies in how best to respond if a youth disclosed sexual abuse. Therefore, during the corrective action period, OYA enhanced its training curriculum (Power Point presentation and facilitator notes) to include specific information such as how to ensure appropriate boundaries with youth; who to report to if a youth alleges sexual abuse and/or harassment; and what to expect as a volunteer during a PREA audit. In addition, during the onsite review of contractor training records, there was one MYCF contractor who had not yet completed the OYA online PREA training. During the corrective action phase this identified contractor was required to take the OYA PREA training. Training records were submitted to the auditor to verify this training had been completed as required.

To further ensure volunteers understand their responsibilities in response to an event of a sexual abuse and/or sexual harassment allegation, OYA revised the Volunteer Training Acknowledgement Form (YA 1406) to clearly state, "<I, Volunteer Name> acknowledge that I participated and understand the contents of the OYA volunteer training at <Location> on <Date>." The form specifically lists out topics covered in the training including: Boundaries (recognizing boundaries and boundary violations, PREA and mandatory reporting requirements); Sexual abuse and sexual harassment (responsibility to report and who to report to and making sure the youth is safe); and other important safety topics. Following the onsite audit, the auditors reviewed additional volunteer training records and signature forms to ensure the new Volunteer Training Acknowledgement form had been implemented. There were two additional volunteers hired during a four-month period following the onsite visit. Signed/dated Volunteer Training Acknowledgement forms for both of these individuals were submitted to the auditor for review. It has been determined that MYCF is now using the enhanced form and practice.

In addition, to better ensure volunteers understand their responsibilities related to sexual safety of youth, OYA created a Volunteer Training Quiz that volunteers must complete once they have finished the PREA

training. At each OYA facility the OYA Volunteer Coordinator is responsible for providing the training quiz to ensure that all volunteers understand the training.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with provisions in this standard.

### **Standard 115.333: Resident education**

#### **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 program to the extent that the policies and procedures of the resident's new program differ from those of the previous program?  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*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Form YA 4034 Youth Sexual Safety Education
- “Safeguarding Your Sexual Safety: A PREA Orientation Video” by Georgia Department of Juvenile Justice (<https://www.youtube.com/watch?v=kEFqjDvzBRc>)
- OYA Form YA 4033 Intake/Close Custody Youth Safety Orientation
- Youth Safety Contact Card
- OYA Youth Safety Guide (English and Spanish versions)
- “No Excuse Report Abuse” posters provide the avenues to report and the OYA Hotline phone number (in English and Spanish)
- OYA Policy I-D-2.1 Use of Language Services
- OYA Policy II-E-2.4 English Plus – Youth (Facility)
- Review of contract amendment between OYA and the Immigrant and Refugee Community Organization (IRCO) for oral interpretation services (through June 30, 2020)
- Review of the executed purchase order for translation services provided by the Immigrant and Refugee Community Organization (IRCO)
- MacLaren YCF Language Interpreter Services Process Checklist
- Interviews with intake staff who provide youth education

- Interviews with random sample of residents
- Review of a sample of signature forms (OYA Form YA 4033 Intake/Close Custody Youth Safety Orientation) indicating youth understand the training
- Review of random set of youth files indicating they received the PREA education training within 10 days of intake
- Facility tour observations (zero tolerance posters and reporting information)

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, “Staff also must provide each facility youth a comprehensive age appropriate presentation (in-person or electronic) regarding the youth's right to be free from sexual abuse and harassment, free from retaliation for reporting incidents, and how OYA must respond to such incidents.” More specifically, this policy requires that, “Upon a youth’s commitment to OYA custody and any subsequent transfer between close-custody facilities, staff must give the youth the Youth Safety Guide and Hotline card. The Youth Safety Guide identifies abuse; gives guidelines on how to stay safe; how to report abuse; and what to do if abused. The OYA Youth Safety guide is available in both English and Spanish. It is written in an age appropriate fashion and includes among other topics, the agency’s zero tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The Hotline card provides direct contact information to the Professional Standards Office.”

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires youth PREA education be completed within 10 days of the youth’s initial commitment and any subsequent transfers between close-custody facilities. This PREA education completion must be documented on OYA Form YA 4033 Intake/Close Custody Youth Safety Orientation. This form is a comprehensive form comprised of 16 individual statements that youth must read and initial indicating this information was reviewed with them and they understand the statements. These statements include providing specific examples of sexual abuse and sexual harassment. During the corrective action period OYA enhanced the form to clearly explain how often grievance boxes are checked and that the OYA hotline is only checked during regular workdays/business hours. Additional information provided on this form include, but are not limited to:

- OYA has a zero-tolerance policy against sexual abuse/sexual harassment (explain what zero tolerance is).
- There are multiple ways to report sexual abuse or sexual harassment, including telling: a trusted staff; QMHP; probation/parole officer; treatment manager, nurse, teacher, volunteer, attorney, parent, chaplain/minister, OYA hotline, grievance, sexual assault advocate, or any trusted adult.
- OYA is required to provide a way for youth to report sexual abuse or sexual harassment to a public entity that is not a part of OYA. OYA’s outside reporting agency is the Governor’s Office for Constituent Services. The address is posted on the living unit.
- Retaliation against a victim or the person who reported sexual abuse or sexual harassment will NOT be tolerated. REPORT ALL RETALIATION so OYA can investigate and keep you safe.
- Report all known or suspected sexual abuse or sexual harassment, even if another youth tells you about it but you did not see it.
- You will not get in trouble or get consequence for making a report in good faith, even if it turns out to be false. (Explain “good faith.”) If you knowingly make a false report of sexual abuse or sexual harassment, you will be held accountable.
- All reports of sexual abuse or sexual harassment will be reviewed for investigation by OYA’s Professional Standards Office. Reports of sexual abuse will also be reported to law enforcement

to review for investigation and criminal charges. Staff can avoid sharing your name with the abuser or any other person who does not need to know what happened, if you want them to.

- OYA provides youth with outside victim advocates for emotional support services related to sexual abuse. Local advocacy agency phone numbers and addresses are posted on every living unit.

Each statement is initialed by youth and staff. In addition, the bottom of the form requires staff and youth to sign and date that this youth PREA education/training has been completed. Specifically, the OYA Form YA 4033 Intake/Close Custody Youth Safety Orientation states:

- “By my signature, I state that I understand the above information that was explained to me; have received the OYA Youth Safety Guide; a staff member reviewed the guide with me, and I understand the information.” <youth signature required>
- By my signature, I state that I explained and answered questions on the above information until the youth certified his/her understanding. By my signature, I state that I explained and answered questions on the above information until the youth certified his/her understanding.” <staff signature required>

To supplement this verbal and written PREA education and to account for various learning styles, the MYCF adopted a video about zero tolerance and sexual harassment. The “Safeguarding Your Sexual Safety: A PREA Orientation Video” was developed by the Department of Juvenile Justice (DJJ) “by Georgia Department of Juvenile Justice (<https://www.youtube.com/watch?v=kEFgjDvzBRc>). The video addresses zero tolerance, definitions of sexual abuse and harassment, avenues to report abuse, steps to take if abused, retaliation, and other critical information as it relates to PREA. An interview with the Intake QMHP and a random sample of residents as well as reviewing a sample of completed OYA Form YA 4033 Intake/Close Custody Youth Safety Orientation forms, verified this education is occurring consistent with PREA standards. In addition, during the facility tour, auditors noted “No Excuse, Report Abuse” posters posted throughout the facility, which provides avenues for reporting and the OYA Hotline phone number (in English and Spanish).

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires that, “youth education includes formats accessible to all youth, including those who are limited English proficient, hearing impaired, visually impaired, have limited reading skills, or are otherwise disabled (e.g., intellectual, psychiatric, or speech disabilities).” To ensure this expectation is met, the OYA Form YA 4033 Intake/Close Custody Youth Safety Orientation provides a space for staff to document any accommodations provided for youth who are limited English proficient, hearing impaired, visually impaired, otherwise disabled, or who have limited reading skills. Additional evidence for MYCF accommodating youth with special needs can be found in standard 115.316 of this audit findings report.

As noted above, OYA has developed numerous resources to make youth aware of the right to be free from sexual abuse and sexual harassment and how to report these incidents. These resources are written in a developmentally appropriate manner. The Intake QMHP provides youth with this comprehensive PREA education immediately after youth arrive to the facility. Review of youth PREA education records and interviews with youth confirmed that youth are receiving this information at intake. Youth interviews verified youth received the training and understood how to report sexual abuse and sexual harassment, zero tolerance, and that they would not be punished or retaliated against for reporting.

Although there were no youth at the facility who were identified as limited English proficient or as having a physical disability, there were some youth who were low-cognitive functioning. Interviews with youth with cognitive disabilities were conducted. Each of these youth stated that staff explained the PREA

education materials and asked if they had any questions. One youth reported that the staff member read the statements to him because he struggles with reading. These examples provide evidence of MYCF staff accommodating youth and ensuring they understand their rights. In addition, during an interview with the Intake QMHP, he explained how he ensures youth understand the PREA information – he would read slowly, simplify the language, and ask questions to confirm understanding. The Intake QMHP was also aware of several OYA interpreters who could be used to translate the material as well as the external language line that he could contact if youth had other special needs.

#### **Standard 115.334: Specialized training: Investigations**

##### **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*)

### *Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- NICIC.gov – “Specialized Training: Investigating Sexual Abuse in Confinement Settings” description
- OYA/PREA Interviewing Training” agenda (10/30/2013)
- Washington County Sheriff’s Office and Training Force “Prison Rape and Sex Assault Investigations Inside Correctional Facilities” training outline (11/05/2014)
- Review of training records for investigation staff (Professional Standards Office – PSO)
- Interviews with PSO investigative staff

As previously mentioned, OYA Professional Standards Office (PSO) is not responsible for conducting criminal sexual abuse investigations. These investigations are conducted by the Oregon State Police (OSP). However, PSO is responsible for conducting administrative investigations of sexual abuse and sexual harassment alleged to have occurred in any OYA facility.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires staff who conduct sexual abuse investigations receive training in conducting such investigations in confinement settings. The policy specifically states, “Professional Standards Office (PSO) investigators must complete specialized training specific to conducting sexual abuse investigations in juvenile justice settings.” OYA requires investigators to at a minimum, complete the NICIC.gov – “Specialized Training: Investigating Sexual Abuse in Confinement Settings.”

Review of training records confirmed both PSO staff who conduct administrative investigations of sexual abuse have completed the required NCIC specialized investigation training. Both investigators had also completed additional trainings including:

- Washington County Sheriff’s Office and Training Force “Prison Rape and Sex Assault Investigations Inside Correctional Facilities” training (11/05/2014). This training is designed to help investigators to recognize and effectively gather evidence necessary to successfully prosecute these offenders. This course is developed pursuant to PREA standards 115.34 & 115.71. It includes among other topics the use and application of Miranda and Garrity warnings, reports that win cases, PREA Considerations, and how to get your prosecutor onboard.
- OYA/PREA Interviewing Training” (10/30/2013). Training topics include definitions of abuse, process of disclosure, phases of the investigatory interview, adolescent development, and interviewing adolescents.

Interviews with investigators demonstrated their awareness of the agency investigation policy and their expertise in interviewing youth, Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence needed to substantiate a case.

## Standard 115.335: Specialized training: Medical and mental health care

### 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 program 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*)

*Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- NIC Medical Health PREA training description
- Interviews with MYCF RN
- Interviews with QMHPs
- Review of training records for medical and mental health staff

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment outlines requirements for the specialized training that must be completed by all medical and mental health practitioners. The policy specifically requires training on the following topics, “(1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and where to report allegations or suspicions of sexual abuse or sexual harassment.”

Review of training records verified that the MYCF RN and Qualified Mental Health Practitioners (QMHPs) have received the NIC Medical Health PREA Training. Training records also indicate that these individuals have completed the mandatory online OYA PREA Introduction Training (1325) which also covers the topics required in provision (a) of this standard.

Interviews with facility nurses and facility mental health personnel verified MYCF does not conduct forensic medical examinations onsite. Individuals who have been sexually abused or sexually assaulted would be transported to the local hospital (either Salem Hospital or Meridian Park Hospital).

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

**Standard 115.341: Screening for risk of victimization and abusiveness**

**115.341 (a)**

- Within 72 hours of the resident’s arrival at the program, 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, program 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 program 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*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Sexual Violence Assessment Tool
- OYA MacLaren Youth Correctional Facility Process Checklist: Sexual Vulnerability and Aggressiveness Screening
- OYA Youth Correctional Facility Health Screen (Form YA 4408)
- Youth Correctional Facility Initial Mental Status Assessment (Form YA 4409)
- Youth Correctional Facility Brief Mental Status Assessment (Form YA 4413)
- Interviews with random sample of residents
- Interviews with Intake QMHP responsible for vulnerability risk screening
- Interview with Superintendent/PREA Compliance Manager
- Interview with Agency PREA Coordinator
- Review of youth files indicating risk screening was completed within 72 hours

MYCF uses an objective screening instrument to assess both risk of victimization and perpetration when youth arrive at the facility. This tool is the OYA Sexual Violence Assessment Tool (SVAT) and is completed by the Qualified Mental Health Professional (QMHP) on the day a youth arrives to MYCF. When MYCF receives a referral for placement, the youth's prior history is reviewed to determine the appropriateness of placement and to gather information to complete the screening instrument. This screening instrument is completed at intake and includes the Intake QMHP interviewing youth to gather additional information.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment outlines the required information that must be obtained from residents within the first 72 hours. The policy states "a mental health practitioner will evaluate a youth within 72 hours of the youth's initial intake to close custody, transfer to another OYA facility and annually, specifically to determine the youth's vulnerability to sexual abuse or sexual harassment as indicated by the following risk factors:

- a) Age;
- b) Physical size and stature;
- c) Intellectual or developmental disabilities;
- d) Level of emotional and cognitive development;
- e) Mental illness or mental disability;
- f) Physical disabilities;

- g) Current charges and offense history including sexual offenses;
- h) First-time-youth status (first time in OYA custody);
- i) Past history of victimization;
- j) Any gender nonconforming appearance or manner, or identification as lesbian, gay, bisexual, transgender, queer, questioning, or intersex (LGBTQQI);
- k) The youth's own perception of vulnerability; and
- l) Any other specific information about the youth that may require an increase in supervision, additional safety precautions, or separation from certain other youth."

Review of the SVAT showed that some of the required elements from provision (c) were missing. More specifically, the tool did not include level of emotional and cognitive development, mental illness, cognitive impairment, or physical disabilities. However, physical disabilities is captured in the OYA Form 4408 "Youth Correctional Facility Initial Health Screen." In addition, mental illness and cognitive delays are captured in the Youth Correctional Facility Initial Mental Status Assessment (OYA Form 4409).

While onsite, the auditors reviewed of a sample of 23 current and 10 discharged youth files to determine if vulnerability risk assessments were conducted consistent with the PREA standards. This file review confirmed that the SVAT is completed on the day youth arrive. Of the 33 files reviewed, only one youth's screening instrument could not be located. This youth arrived at the facility in 2013 and has since left MYCF. The auditors conclude that MYCF has a solid process for screening youth for vulnerability/risk to be sexually victimized or perpetrate. Onsite interviews with youth confirmed youth are asked questions specific to this standard upon arrival.

It is important to note that many of the completed SVATs did not have dates and many others did not have a total score calculated. MYCF will be required to establish a management oversight or quality assurance process to ensure this information appears on all completed assessments. Without a date on the instrument, auditors cannot verify these instruments are completed consistent with PREA timeline expectations.

In instances where the risk is high for either victimization or perpetration, specific members of the treatment team are notified. These notifications are limited to the Living Unit Manager, Treatment Services Supervisor, Program Director, and the youth's living unit QMHP. A sample of emails reviewed onsite demonstrated this communication does occur, although there is no formal process or expectation that this notification must occur. QMHPs and Living Unit Managers (LUMs) confirmed that this information is not consistently sent to identified treatment staff.

Consistent with PREA standards, the SVATs are securely stored in the youth's medical file and stored and locked in the medical unit. Only medical personnel and specific higher-level managers are permitted to access to this file.

QMHPs are required by policy to conduct a formal reassessment using the SVAT once a year. File reviews suggest that these reassessments may not be occurring consistent with agency expectations.

Although MYCF met compliance with this standard, following the onsite audit, the auditors encouraged the program to create a system of oversight and/or quality assurance to ensure SVAT documents are fully scored, dated, and comply with OYA expectations. It was also suggested that MYCF reinforce the expectation that SVAT information be sent to the appropriate parties soon after completing the instrument. This allows Living Unit Managers the time needed to determine bed assignments based on vulnerability risk.

## Standard 115.342: Use of screening information

### 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 program 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 program 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 program 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 program clearly document: The basis for the program's concern for the resident's safety? (N/A for h and I if program doesn't use isolation?)  Yes  No  NA

- If a resident is isolated pursuant to paragraph (b) of this section, does the program clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if program 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 program 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*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities
- OYA Policy II-F-1.0 Youth Rights (Facility)
- OYA Policy 1-A-10.1 Meeting LGBTQQI and Gender Nonconforming Youth Needs
- OYA MacLaren Youth Correctional Facility Process Checklist: Sexual Vulnerability and Aggressiveness Screening
- OYA Transgender and Intersex Youth Safety and Risk Assessment (YA 1505)
- Review of a sample of Administrative Incident Review Reports (N=8)
- Interview with Facility Services Chief of Operations
- Interview with Agency PREA Coordinator
- Interview with MYCF Superintendent/Facility PREA Compliance Manager
- Interview with QMHPs responsible for conducting vulnerability risk assessments
- Interviews with staff who supervise youth in isolation
- Interviews with Medical and Mental Health staff
- Interviews with Transgender, intersex, gay, lesbian, bisexual residents
- Review of sample of completed vulnerability risk screening tools
- OYA Transgender/Gender Non-Conforming Committee meeting agenda template
- Review of a sample of emails from the Intake QMHP demonstrating communication of high vulnerability risk information to appropriate parties
- Review of a sample of meeting minutes from the Gender Identity Committee documenting discussion of vulnerability risk housing assignment decisions
- Facility tour observations
- Sample of youth case notes indicating vulnerability information is considered in placement and programming decisions

- Automated reports from AIM database (allows the OYA PREA Coordinator to track when vulnerability assessments are due for intersex and transgender youth)
- Email communications from OYA Agency PREA Coordinator to individual facilities reminding specific staff of SVAT re-assessment due dates
- Sample of completed OYA Transgender and Intersex Youth Safety and Risk Assessment (YA 1505)
- Meeting minutes from MYCF QMHP weekly meeting (October 2019)

All youth who come to MYCF are assessed for health issues, mental health issues, and vulnerability to be sexually victimized and/or perpetrate the day they arrive. The Intake QMHP is responsible for conducting the agency's Sexual Violence Assessment Tool (SVAT). Youth are placed on one of three intake units for 30 days (one intake unit is for parole violators, one is focused on substance abuse, and the other is for general population youth). If a youth scores high risk for sexual victimization or perpetration, the Intake QMHP reported he would send this information to the Living Unit Manager (LUM) on the intake unit so they can consider this information for bed assignments. Onsite interviews with QMHPs and LUM revealed this information was not currently being used to assign youth to rooms and/or beds.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment describes how information from Standard 115.341 is used in placement and programming decisions for youth. The policy states, "OYA will provide safe program, education, work, housing unit, and bed assignments for every youth to reduce the likelihood of sexual abuse while a youth is in close custody." According to Policy OYA will accomplish this by, "considering vulnerability to sexual abuse or sexual aggressiveness of each youth at the time of the youth's admission to close custody and prior to assigning the youth a program, education, work, housing unit, or bed. Sexual abuse vulnerability and aggressiveness will be reviewed during the youth's regularly-scheduled Multidisciplinary Team (MDT) meetings."

The OYA Transgender and Intersex Youth Safety and Risk Assessment (YA 1505) is completed twice a year for all transgender youth. The QMHP is responsible for completing the tool. At the time of the interim report, the PREA Coordinator was developing a new function in the PSO AIM database to more consistently track reassessments of transgender youth. Actions taken by MYCF to demonstrate compliance with these provisions are provided in the following section.

OYA Policy II-F-1.0 Youth Rights (Facility) states youth have the right, "to not be placed in a particular housing, bed, or other assignment solely on the basis of race, ethnicity, religious beliefs, national origin, physical or mental disabilities, sexual orientation, gender identity, or intersex status (LGBTQQI)." To help determine the best placement for youth in the system, OYA has created a Transgender/Gender Non-Conforming Committee to discuss and determine the best placement options for youth (on a case by case basis). The onsite audit included several targeted interviews, including interviews with three transgender youth. Youth verified they were not placed in a particular living unit based on their gender identity/sexual orientation. One youth provided an example of a situation in which the youth informed staff they did not feel safe on the unit and shortly after the youth was transferred to a different unit. This example and other evidence provide support for compliance that an intersex or transgender resident's views of their own safety are given serious consideration.

As part of the audit, the auditors reviewed the minute/agenda template used to guide the Transgender/Gender Non-Conforming Committee meetings. This template provides the structure for capturing discussion related to vulnerability risk. More specifically, the template requires the note taker

to indicate who was present at the meeting, decisions made, and next steps. In addition, a sample of three meeting minute documents were reviewed to determine for compliance with provisions in this standard. Discussion from the March 20, 2018 meeting included staff members stating they were concerned about a youth's safety and the potential for the youth to be victimized. In addition, the minutes recorded the PREA Coordinator reminding the committee members of PREA expectations – i.e. “...Given some additional information today, <l> would support Dunes <cottage>. We have a requirement to review that placement at least twice a year.” The committee members also agreed to have frequent check-ins with youth and make an appointment with a specialist in the next two days. In addition, interviews with agency and facility staff, this documentation provides evidence to support compliance with specific provisions in this standard.

Interviews with agency and facility leaders and QMHPs verified that all MYCF youth treatment and placement decisions are reviewed a minimum of quarterly through the Multi-Disciplinary Team (MDT) process.

When a youth registers high risk to perpetrate or be victimized during intake, the Intake QMHP sends this information via email to a select group of managers. This communication helps Living Unit Managers determine bed assignments on the unit (i.e. high risk for victimization may be placed closer to staff offices and/or away from those youth who are high risk for perpetration). Interviews indicated some inconsistencies as to whether LUMs were using this vulnerability information to make bed assignments.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, “LGBTQQI identification or status may not be considered as an indicator of likelihood of being sexually aggressive.” In review of the SVAT screening instrument, it was confirmed that LGBTQQI status is not used as a factor to determine risk to be sexually aggressive. Interviews with QMHPs and facility managers indicate they understand sexual orientation/identification does not increase one's likelihood for sexual perpetration.

Interviews with agency leadership, MYCF staff, and youth verify isolation is used minimally for serious violent behaviors and would not be used to isolate victims of abuse. If a situation arose that resulted in a specific youth being victimized, MYCF would move the perpetrator to another unit. Evidence of this was observed when reviewing a sample of Administrative Incident Review Reports (AIRR) which indicated alleged perpetrators (youth) were removed from the unit. In addition, review of AIRRs that involved sexual harassment, youth remained on the unit but were “white lined” (meaning youth are prohibited from having any contact with one another).

The OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities address the use of isolation in OYA facilities. The policy states, “Isolation must only be used to manage a youth's crisis behavior when the youth is in danger of physically harming others, where a serious threat of violence is present, or violence has occurred.” Additionally, the policy directs “Staff must use other less restrictive interventions when appropriate, considering the youth's behavior and its effect on others in the area where the behavior occurred or is occurring.” During periods of isolation OYA requires that a staff begin working with the youth within two hours of becoming isolated to assess the youth's emotional regulation and engage in problem analysis and reintegration planning. This must continue every two hours while the youth is awake. Once a youth is ready to engage in problem analysis and reintegration planning, OYA's policy requires the youth's unit leadership team to develop a reintegration plan for the youth to rejoin the youth's peers. “The development of the plan must begin as soon as possible, but no longer than one hour after it is determined the youth is ready to engage (during the youth's waking hours).”

The OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities also states, "Youth in time-out, isolation, or safety programs must be afforded the same opportunity to maintain health and dignity as their peers consistent with their program requirements. Service delivery may differ according to the youth's individual program." These "basic living conditions" include:

- Daily opportunity for large muscle exercise outside or in a gym. Youth must not be restricted from this activity unless they pose a danger to themselves or others
- Educational opportunities
- Medical services: Youth must be provided with medical care
- as afforded to other youth in the facility. Health Services staff will determine the delivery of services depending on the location of the youth and the youth's amenability to medical treatment
- Religious Services
- Treatment Services
- Daily Showers
- Visitors

OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities describes the required documentation and reviews that must be conducted when a youth is placed in isolation. Specifically, the policy requires, "Staff complete a Youth Incident Report (YIR) for every isolation intervention; a manager not directly involved in the intervention must review each isolation intervention for appropriateness." Additionally, for any youth placed in isolation for three days, "the superintendent must review and approve or deny continuation of the isolation intervention prior to the end of the third day." As the facility does not isolate youth for their own sexual safety, there is no documentation related to isolation used for the purpose of protecting a sexual abuse victim from harm.

#### **Corrective Actions:**

- Create a formal process and expectation for ensuring vulnerability risk information is consistently sent to the appropriate parties (*this corrective action is also listed in standard 115.341*)
- Set the expectation and ensure that vulnerability risk information (to be victimized and/or perpetrate) is formally considered when assigning youth to rooms and/or beds (i.e. Youth is high risk for victimization and will place him in the bed closest to the staff office). This is particularly important in those living units that have dormitory style sleeping quarters. MYCF should consider how it might document these decisions and who would be involved in making bed assignment decisions.
- Educate those responsible for making bed, programming, work, etc. assignment on how interpret the SVAT results and how to use this information to better ensure youth safety. MYCF will be required to submit meeting minutes and/or emails to the auditors as verification that this education session as occurred.

#### Corrective Actions Completed:

During the corrective action period, MYCF created a formal process and set clear expectations for ensuring vulnerability risk information is consistently sent to the appropriate parties. MYCF created the OYA MacLaren Youth Correctional Facility Process Checklist: Sexual Vulnerability and Aggressiveness Screening. This tool provides a step-by-step outline of what to do when a new youth enters the facility, specifically related to screening for sexual vulnerability and aggressiveness. The checklist also directs the QMHP to consider SVAT and other screening information to determine special housing needs, additional staff supervision, and programming assignments. The QMHP is responsible for entering this

information into JJIS case notes. During the corrective action period, the auditor reviewed a sample of case notes demonstrating that discussion of vulnerability risk factors regularly occurs during placement Multi-Disciplinary Team (MDT) meetings as well as throughout the youth's stay.

The OYA MacLaren Youth Correctional Facility Process Checklist: Sexual Vulnerability and Aggressiveness Screening also includes the Administrative Review Board assessing all information provided in the MDT recommendations as well as the QMHP and Living Unit Managers assessing vulnerability risk information annually (or if additional needs or safety concerns are identified). The checklist explains that vulnerability risk information is gathered from a completed SVAT and mental health assessments.

As previously mentioned, the OYA Transgender and Intersex Youth Safety and Risk Assessment (YA 1505) is completed twice a year for all transgender youth. The QMHP is responsible for completing the tool. To better ensure provisions of this standard are met, the Agency PREA Coordinator created a tracking mechanism in the AIM database that allows her to better ensure the transgender and intersex youth are re-evaluated every six months. Each month the Agency PREA Coordinator pulls a report and follows up with the facility reminding of which youth need the six-month vulnerability assessment. During the second onsite visit, examples of these communications and review of the AIM tracking features were reviewed by the auditor to verify this process has been implemented. In addition, the auditor reviewed a sample of completed OYA Transgender and Intersex Youth Safety and Risk Assessment (YA 1505) forms (n=4) to verify the new practice has been implemented. In addition, the auditor reviewed screen shots from the AIM database indicating that these required reassessments for transgender youth are consistently being done.

To verify compliance with this standard, during the corrective action period the auditor reviewed meeting minutes from a weekly QMHP call that took place in October 2019. The meeting participants included all QMHPs responsible for conducting the SVAT. Meeting minutes indicated the OYA MacLaren Youth Correctional Facility Process Checklist: Sexual Vulnerability and Aggressiveness Screening was introduced and discussed. The discussion included that information from the risk vulnerability tool must be discussed and documented in the Multi-Disciplinary Team (MDT) meetings.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with provisions in this standard.

## REPORTING

### Standard 115.351: Resident reporting

#### 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 program provide residents with access to tools necessary to make a written report?  
 Yes  No

#### 115.351 (e)

- 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*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy II-F-3.6 Youth Legal Assistance (Facility)

- OYA Policy II-F-3.4 Youth Use of Telephones
- OYA Policy II-F-1.1 Youth Grievance Process (Facility)
- OYA Policy 0-2.3 Mandatory Reporting of Youth Abuse and Child Abuse
- OYA Facility Services Procedure Statement (FAC 1-E-4.0) Youth Incident Report (YIR)
- Youth Safety Contact Card
- OYA Youth Safety Guide (English and Spanish versions)
- OYA Family Safety Guide
- OYA Form YA 1300 – Youth Grievance Form
- Access to OYA Hotline number and PSO Complaint Form:  
<https://www.oregon.gov/oya/pages/onlinecomplaints.aspx>
- PREA advocacy flier providing contact information about local advocacy center
- Interviews with MYCF Superintendent/PREA Compliance Manager
- Interviews with random sample of direct care staff (Group Life Coordinators)
- Interviews with random sample of residents
- Interviews with residents who reported abuse
- Review of MYCF grievance log/tracking sheet indicating all complaints/allegations received and the facility's response
- Review of OYA Hotline call tracking sheet indicating all complaints/allegations received and the agency's response
- Observations from facility tour

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment describes the ways that residents can both internally and externally report sexual abuse, sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. These avenues include: The youth written grievance process, the confidential OYA hotline, regular safety surveys, confidential access to agencies that provide legal services, and confidential access to the Governor's Constituency Services Office which receives and forwards reports of sexual abuse and sexual harassment to OYA officials. Youth who report abuse to the Governor's Constituency Services Office and/or who report abuse using the OYA Hotline are allowed to remain anonymous upon request.

Additionally, youth at MYCF have access to calling and mailing their local advocacy agency, Center for Hope and Safety (CHS). During the facility tour, the auditors noted information regarding how to contact CHS posted on some of the MYCF living units. Contact information for the Governor's Constituency Services Office is also posted on that same poster.

Youth and staff interviews verified that the Professional Standards Office hotline number is well known. Youth understood this as an avenue for reporting sexual abuse and sexual harassment and youth stated they are afforded privacy when using the hotline number. The OYA Youth Safety Guide (English and Spanish versions) and the Youth Safety Contact Card which are provided to youth at intake, contains information about how to report and to whom youth may report abuse. All youth interviewed cited various ways to report including telling a trusted staff member or calling someone outside of the facility, such as a family member. However, no youth reported knowledge of the victim advocacy agency (Center for Hope and Safety) or the Governor's Constituency Services Office. Similarly, interviews with staff provided evidence that staff are not aware of these two external reporting entities.

While it is the auditors belief that the facility *would* respond immediately to an emergency grievance, review of the MYCF grievance logs indicate that a large portion of grievances were not received by the Grievance Coordinator for more than five days and several other grievances were had not been received

for two weeks after a youth had submitted them. Since youth are educated that the grievance box is one avenue for reporting sexual abuse and sexual harassment (youth cited this as one method for reporting abuse during onsite interviews) and because the facility has no way of knowing whether these grievances are alleging sexual abuse, the facility/agency should find a solution that will allow the facility to gather this information in a more timely manner. In so doing, MYCF can screen the grievances and can issue an prompt response for emergency grievances in a timely manner.

To test the two formal internal avenues for reporting, while onsite the auditors asked a GLC to place a written grievance in a locked grievance box on one of the living units. The grievance asked the person receiving the note to have the MYCF Superintendent call the PREA auditors and provided a contact phone number. The grievance was placed in the grievance box at approximately 8 PM on Saturday. On Tuesday mid-morning the Superintendent responded to the grievance by calling the auditor. Similarly, the auditors left a voice message through the OYA Hotline on Saturday at approximately 8:30 AM. On Monday, the PSO Administrative Assistant returned the phone call.

OYA Policy II-F-3.6 Youth Legal Assistance (Facility) protects the rights to send and receive confidential correspondence to an attorney through mail and phone. OYA Policy II-F-3.4 Youth Use of Telephones requires that, "staff allow youth to access a telephone to call the OYA Hotline regarding safety, abuse, or youth rights as soon as possible from the youth's request to call, and prior to the end of the staff member's shift." Additionally, staff "are to give the youth as much privacy as possible within the limitations of the facility's physical design, not ask the purpose of the call, not document the call in JJIS, or deliberately listen to the youth's conversation." Interviews with youth who have used the hotline number, confirmed youth are affording privacy when making these calls.

OYA Policy II-F-1.1 Youth Grievance Process describes the filing of grievances. The policy requires grievance forms and the associated locked boxes to be located in common areas in the facility. According to this policy, "when a grievance concerns a civil rights violation or criminal matter (e.g., abuse, harassment, neglect), staff must notify the Professional Standards Office and follow the Emergency Grievance." The emergency grievance process requires, "staff must immediately notify the superintendent/camp director, or officer-of-the-day (OD) of the matter. The Emergency Grievance must be reviewed and responded to as soon as possible but no longer than 24 hours from receipt. The superintendent/camp director or OD will take appropriate action to assure the welfare of the youth." The timeframe to collect the grievances from the locked boxes varies. The policy specifically states that designated staff who do not have routine contact with youth "must collect all forms from the locked boxes no less than once a day, except on weekends and holidays." During the facility tour, auditors observed locked grievance boxes on all living units. An interview with the MYCF Grievance Coordinator verified that there is a formal process for gathering information on written grievances and for responding to these complaints.

OYA Policy 0-2.3 Mandatory Reporting of Youth Abuse and Child Abuse requires staff to accept verbal reports. Specifically the policy states, "Once a staff member becomes aware of suspected, observed, or alleged abuse of a youth that occurred while in OYA custody, the staff member must ensure the youth's safety and verbally report the incident to the staff member's supervisor, or officer-of-the-day (OD). If the alleged perpetrator of the abuse is an OYA staff member or nonstaff, staff must also verbally report the incident to the Professional Standards Office (PSO)." If a youth alleges to have been sexually victimized or perpetrated, the OYA Facility Services Procedure Statement (FAC 1-E-4.0) Youth Incident Report (YIR) requires staff to create a Youth Incident Report (YIR) in JJIS.

OYA has established a mechanism for staff to privately report sexual abuse and sexual harassment. Staff can access the OYA Hotline number and PSO Complaint Form on OYA's website at: <https://www.oregon.gov/oia/pages/onlinecomplaints.aspx>. Interviews with staff all confirmed that they knew they could call the hotline to make an anonymous report. Staff also understood they are mandatory reporters and that they could file a report on behalf of a youth. All staff also understood they are required to report all anonymous and third-party reports of abuse to their supervisor.

The OYA Family Safety Guide informs family members they can make reports of sexual abuse and sexual harassment through the grievance process and the OYA OYA Hotline.

### **Standard 115.352: Exhaustion of administrative remedies**

#### **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 program 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.)  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*)

#### Evidence Used in Compliance Determination:

- OYA Policy II-F-1.1 Youth Grievance Process (Facility)
- OYA Youth Safety Guide (English and Spanish versions)
- OYA Family Guide - Youth In Custody: Top Things for Families to Know
- [OYA Offender Grievance \(Form YA 1300\)](#)
- [OYA Youth Rights and Responsibilities \(Form YA 1301\)](#)
- Interview with MYCF Grievance Coordinator
- Interviews with random sample of residents
- Interviews with residents who reported sexual abuse
- Access to OYA Hotline number and PSO Complaint Form: <https://www.oregon.gov/oya/pages/onlinecomplaints.aspx>
- Review grievance logs to determine initial response within 48 hours and final decisions (all grievances received between January 1, 2019 – April 22, 2019)

- Review of complaints log indicating third-party reports taken and responded to (PSO Complaint Hotline Tracking Sheet)

The OYA Policy II-F-1.1 Youth Grievance Policy supports several provisions in this standard. The policy states:

*“OYA recognizes all youth have a right to review any action or decision affecting them and initiate a grievance without fear of reprisal. Youth who believe they have been dealt with unjustly by OYA may file a grievance using the process described below. They are not required to discuss the nature of their grievance with staff; however, staff and youth are encouraged to handle questions and complaints at the lowest level possible....Grievances may also be filed on behalf of a youth by the youth’s representative when the youth agrees on the filing. Staff must document a youth’s declination of a representative’s offer to file a grievance on behalf of the youth. Grievances filed by a youth’s parent or legal guardian involving possible civil rights violations or criminal matters are not conditioned on the youth agreeing to have the grievance filed on the youth’s behalf....There is no time limit on when a youth may file a grievance.”*

The OYA Policy II-F-1.1 Youth Grievance Policy directs for informal grievances (non-emergent), the staff assigned as the grievance responder to review the grievance within seven working days and provide youth with a written resolution. Youth are allowed to file a formal grievance if they are dissatisfied with the outcome of an informal grievance review. The policy specifically states that youth may have a representative act on their behalf (including presenting testimony). In addition, the policy directs staff that they will, at the youth’s request, help the youth prepare for the formal grievance review. The policy also states a formal grievance review must be held within 30 calendar days of the formal grievance filing date and all parties must be notified in writing of the date and time of the review. PREA expectations allow for a 90-day review (from the date of the initial filing of the grievance) when sexual abuse is alleged. These policy requirements exceed PREA expectations.

OYA Youth Rights and Responsibilities (Form YA 1301) explains the cardinal rights of a youth including access to education and recreation, freedom from discrimination and abuse, and ability to contact their attorney, parent, guardian and/or Parole Officer, to name a few. The form further states if you feel their rights have been violated or denied they may contact the OYA hotline number. The Living Unit Manager is responsible for reviewing the Youth Rights and Responsibilities document with youth when they arrive to the facility.

The OYA Policy II-F-1.1 Youth Grievance Policy also explains the emergency grievance process. More specifically the policy states, “When a grievance concerns an emergency matter where life, health, or safety may be threatened (e.g., imminent danger, abuse, injury, sexual vulnerability), staff must immediately notify the superintendent/camp director, or officer-of-the-day (OD) of the matter. The Emergency Grievance must be reviewed and responded to as soon as possible but no longer than 24 hours from receipt.” This time frame exceeds the PREA requirement of 48 hours.

Consistent with PREA standards the OYA Policy II-F-1.1 Youth Grievance Policy requires the youth grievance form be made available on the OYA website. This allows for third party reporting. In addition, the OYA Youth Safety Guides informs youth, “You will not get in trouble if you make an honest report. However, if you knowingly make a false report, you will be held accountable.” This supports the PREA standard provision allowing youth to be disciplined only when a grievance related to alleged sexual abuse is made in bad faith.

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

**115.353 (a)**

- Does the program 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 program 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 program enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

**115.353 (b)**

- Does the program 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 program provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the program 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*)

*Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy II-F-3.6 Youth Legal Assistance (Facility)
- OYA Policy II-F-3.4 Youth Use of Telephones
- OYA Policy II-F-3.0 Youth Mail in OYA Facilities
- OYA policy II E-2.5 Visits with Youth
- OYA Youth Safety Guide (English and Spanish versions)
- Youth Safety Contact Card (English and Spanish versions)
- OYA PREA Advocacy Flier (contact information for local advocacy organization – Center for Hope and Safety)
- OYA “No Excuse Report Abuse” posters with avenues to report and the OYA Hotline phone number (in English and Spanish)
- Executed MOU between OYA and Center for Hope and Safety (CHS)
- OYA Facility SARRT Sexual Abuse Incident Checklist Forms (YA 1959)
- Interview with Superintendent/PREA Compliance Manager
- Interview with the Salem Hospital SANE Program Coordinator
- Interviews with random sample of residents
- Interviews with residents who have reported sexual abuse
- Observations during facility tour
- YA 4033 Form – Youth Safety Orientation (revised)
- Sample of completed YA 4033 Forms

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires “All OYA facilities and field offices must provide youth with, or display in an accessible area, mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations.”

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment also requires that when an alleged abuse incident has occurred, “The superintendent, camp director, SARRC or PCM, must ensure the sexual abuse victim is reminded of victim rights and advocacy information, and that a qualified victim advocate is available to the sexual abuse victim. The qualified victim advocate may be a qualified agency staff member, or an advocate from a community-based organization.” This expectation is formalized on the OYA Facility SARRT Sexual Abuse Incident Checklist Forms (YA 1959). The form specifically states, “inform the victim of available victim advocate services (contact information should be listed in your facility’s Sexual Abuse Response local operating protocol) and ask if he/she would like to contact the victim advocate.” Interviews with the MYCF SARRC and MYCF mental health staff verified offering victim advocacy services is part of the established protocol.

MYCF posts flyers that show the number and mailing address for their local victim advocacy agency, Center for Hope and Safety (CHS) throughout the facility. These fliers were observed in many living common areas throughout the facility during the facility tour. These posters inform youth “Your local advocate may contact OYA or another agency about your safety only if you give them permission.”

OYA has established an MOU with Center for Hope and Safety, a sexual assault victim advocacy agency who employs advocates who youth can speak with who are not mandatory reporters. The executed MOU between OYA MYCF and Center for Hope and Safety (CHS) outlines roles and responsibilities between both parties. The agreement states that OYA will “make the involvement of CHS by telephone a standard

response to a report of sexual abuse or request help form a survivor of sexual abuse.” The MOU also upholds that CHS will “provide a victim advocate upon request from MYCF or a youth who will receive a forensic medical examination as a result of suffering sexual violence. Upon the victim’s request, the victim advocate shall accompany and support the victim during the examination process and investigatory interviews, as well as provide emotional support, crisis intervention, information and referrals.” As previously mentioned, attempts were made to contact the local victim advocacy organization, Center for Hope and Safety (CHS). At the time of this report, the auditor had not received a call back from a CHS advocate.

OYA Policy II-F-3.6 Youth Legal Assistance (Facility) protects the rights to send and receive confidential correspondence to an attorney through mail and phone. Interviews with management, staff, and youth indicated that they have reasonable privacy when contacting family, legal representation, and the Professional Standards Office (PSO) hotline. However, these same interviews confirmed that there was very little knowledge of the Center for Hope and Safety, what they provide, and whether CHS staff were mandatory reporters. Staff who provide education upon intake were not familiar with CHS and did not provide information to youth about these services and the extent to which any abuse reports would be forwarded to authorities.

OYA policy II E-2.5 Visits with Youth states, “OYA recognizes the positive impact of youth visits with family and community members on youth reformation. OYA encourages visits with family and others who have a positive influence on a youth’s life. Visits also give youth opportunities to maintain prosocial relationships which promote a successful reentry into communities.” Additionally, this policy identifies people who are integral to the youth’s case plan including parents, siblings, children of youth, legal guardians, members of stepfamilies, surrogate parents, or grandparents; and the youth’s attorney. While OYA policy does not provide confidential access to youth family members, it does allow for confidential access to attorneys and other legal representation. Onsite interviews with youth verified they are afforded privacy when speaking with their lawyers.

The agency does not house youth who are detained solely for civil immigration purposes.

**Corrective Actions:**

- Provide training to all facility youth and staff about local victim advocacy services (Center for Hope and Safety).
- Update the training youth receive upon intake (i.e. OYA forms and Youth Safety Guide) to ensure youth are made aware of CHS, the services they provide, and that mandatory reporting laws do not apply to CHS advocates.
- Consider hanging CHS posters and pamphlets on all living units so this information is easily accessible to youth.
- Consider contacting CHS directly and invite them to the facility to talk with youth and staff about the services that they provide.

Corrective Actions Completed:

During the corrective action period OYA updated their YA 4033 Form – Youth Safety Orientation. This form now includes a section for staff to explain to youth, “OYA provides youth with outside victim advocates for emotional support services related to sexual abuse. Local advocacy agency phone numbers and addresses are posted on every living unit. Explain that victim advocates are not mandatory reporters.” During the corrective action period, a sample of completed forms were reviewed

to ensure that the updated form had been implemented. In addition, the Agency PREA Coordinator submitted a training roster verifying that staff were formally educated on role of advocates and services available. This information was also communicated to youth during youth house meetings held in November and December 2019.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with all provisions in this standard.

### Standard 115.354: Third-party reporting

#### 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*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA PREA Advocacy Flier (contact information from local advocacy organization)
- OYA Final Safety Survey - Client YA 1952
- OYA Final Safety Survey – Family YA 1951
- OYA Family Guide - Youth In Custody: Top Things for Families to Know [available in English, Spanish, and Russian]
- Issue Brief: Keeping Youth Safe While in OYA's Care and Custody (March 2014)
- OYA Complaint Form
- <https://www.oregon.gov/oya/pages/psa/prea.aspx>

The Oregon Youth Authority website (<https://www.oregon.gov/oya/pages/psa/prea.aspx>) has a link on its front page to "Keeping Youth Safe." The Keeping Youth Safe link provides access to the professional standards office and guidance on the ways OYA receives third party reports of sexual abuse and harassment. These avenues include the OYA Hotline, the OYA Complaint Form, emailing the PSO, and completing a youth grievance form. OYA makes it clear that a report can be made on behalf of a youth and that reports can be filed anonymously.

In addition, OYA distributes the OYA Family Guide - Youth In Custody: Top Things for Families to Know to parents and legal guardians. These guides are available on the OYA website and are available in

English, Spanish and Russian. This guide provides multiples avenues for families to report sexual abuse and sexual harassment. Reports can be made through the following avenues:

- Call our Hotline: 1-800-315-5440.
- Tell and OYA staff member. All staff are required to report abuse.
- Pick up a grievance form in any of our field offices.
- File a report online: [bit.ly/oyacomplaint](http://bit.ly/oyacomplaint)
- Email PSO: [professionalstandards@oya.state.or.us](mailto:professionalstandards@oya.state.or.us)

On Saturday April 20<sup>th</sup> the OYA hotline was called and a message was left requesting a call back. On Monday April 22<sup>nd</sup> at 8:30 AM, a call was received from the Professional Standards Office. During the call it was explained that messages are reviewed in the morning each business day and then assigned to an investigator for follow-up. PSO follows up on all calls, regardless of the stated reason for the call.

Onsite interviews with PSO investigators verified all reports are investigated, including third-party and anonymous reports alleging sexual abuse or sexual harassment.

**OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

**Standard 115.361: Staff and agency reporting duties**

**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 program, 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 practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  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 program 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 program head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the program 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 program 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 program 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 program report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the program'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*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy 0-2.3 Mandatory Reporting of Youth Abuse and Child Abuse
- OYA Policy I-E-5.0 Notification to Parent-Guardians
- Executed Interagency Agreement Between Oregon State Police (OSP) and OYA

- OYA Local Operating Protocol MYCF 1-A-10.0 Sexual Abuse Response Plan
- OYA Facility SARRT Sexual Abuse Incident Checklist (YA 1959)
- Interview with MYCF Superintendent/PREA Compliance Manager
- Interviews with random selection of direct care staff
- Interviews with medical staff (OYA Medical Director, Nurse Supervisor, and RNs)
- Interviews with QMHPs
- Review sample of investigation reports ensuring all allegations were investigated and proper notifications were made
- OYA Policy I-E-5.0 Notification to Parents (revised)
- MYCF Facility Services Procedure Statement: Youth Incident Report (YIR) FAC 1-E-4.0 – revised
- Meeting minutes from the Facility Management Team meeting held on October 10<sup>th</sup>, 2019

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment outlines staff and agency reporting duties. The policy requires that staff immediately report any knowledge, suspicion or information related to an incident of sexual abuse or sexual harassment that has occurred in a facility. The policy specifically requires the following:

- Staff must notify his/her supervisor or officer-of-day (who then notifies the superintendent or camp director, the PCM, and the PSO Chief Investigator).
- Staff must follow mandatory reporting laws regarding child abuse if the victim is less than 18 years old.
- If the abuse occurred in another facility, the superintendent/camp director who received the allegation must notify the following entities as soon as possible, but no longer than 72 hours after receiving the allegation:
  - The head of the facility or appropriate office of the agency where the alleged abuse occurred;
  - The other facility's or office's investigative agency; and
  - PSO who must document the notification in its case management system.
- Any sexual abuse information received by any staff member must only be disclosed on a need-to-know basis. Information must be shared according to state and federal privacy laws, professional licensure, and ethical standards.
- Medical and mental health practitioners must notify youth at the initiation of services of their duty to report and the limitations of confidentiality and obtain informed consent from youth who are 18 years old or older before reporting information about the youth' prior sexual victimization that did not happen in an institutional setting.
- If the victim is under the guardianship of the child welfare system (Department of Human Services - DHS), the PREA Coordinator must ensure DHS is notified of the incident.
- If the victim was 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 14 days of the sexual abuse allegation.

OYA Policy 0-2.3 Mandatory Reporting of Youth Abuse and Child Abuse informs staff of their responsibility as mandatory reports and their obligation to report all forms of abuse whether inside or outside of the facility. The policy specifically states, "Oregon law requires certain professionals and employees of certain state agencies to report to law enforcement or the Department of Human Services/Child Protective Services (DHS-CPS) any instance where the professional or employee becomes aware of or has reasonable cause to believe child abuse has occurred. OYA staff are designated and mandated by law to report any alleged or suspected child abuse occurring on the job and in their private lives." As previously mentioned, staff interviews confirmed staff are aware of their

responsibilities to report any knowledge, suspicion, or information that a youth was abused, whether the youth resides in an OYA facility or in the community. Interviews with the Registered Nurse and Qualified Mental Health Professionals (QMHPs) verified they follow the same requirements as mandatory reporters. When OYA medical and mental health professionals first meet with youth they disclose they are mandatory reporters. At this time, youth are also required to sign release of information forms. Specialized staff reported that although they are not required by Oregon Statute to report sexual abuse for youth over the age of 18, they are required to report these incidents while these youth are in the custody of OYA. Interviews with youth indicated that youth are aware that all MYCF staff are mandatory reporters and what “mandatory reporter” means.

The MYCF Superintendent verified that if he was made aware of an allegation of sexual abuse, he would immediately make a report to the OYA Professional Standards Office as well as Oregon State Police.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment outlines the requirements to notify legal guardians. More specifically, the policy states, “If the victim is under the guardianship of the child welfare system (Department of Human Services - DHS), the PREA Coordinator must ensure DHS is notified of the incident. If the victim was 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 14 days of the sexual abuse allegation.” The policy does not address when to notify family members. The executed Interagency Agreement Between Oregon State Police (OSP) and OYA states, “Upon conclusion of the youth interview, the policy investigator (or person designated by the investigator) will contact and advise the legal guardians of the complaint. Facility/field office personnel should NOT contact the parents or legal guardians/agency prior to consulting with the policy investigator.”

OYA Policy I-E-5.0 Notification to Parents states requires parents/guardians of youth in OYA custody to be notified of significant incidents. Among these events listed are any forms of abuse. I-E-5.0 Notification to Parent-Guardians requires the Living Unit Manager or Officer of the Day to notify parents/guardians of any form of abuse. While onsite a review of investigation records found in the PSO AIM database and interviews with MYCF leaders indicated there was a need to clarify who is responsible for making notification to families. These concerns were addressed during the corrective action period (more information provided below).

#### **Corrective Actions:**

- Update the OYA policy and the associated response protocol to require documentation of notification to the parents or legal guardians when a youth alleges to be a victim of sexual abuse.
- Enhance OYA Local Operating Protocol MYCF 1-A-10.0 Sexual Abuse Response Plan and the OYA Facility SARRT Sexual Abuse Incident Checklist (YA 1959) to indicate when family members and legal guardians will be informed and who is responsible for making this notification.

#### **Corrective Actions Completed:**

Following the issuance of the interim audit findings report, the OYA shared an additional policy that supported compliance with this standard. The OYA Policy I-E-5.0 Notification to Parents states requires parents/guardians of youth in OYA custody to be notified of significant incidents. Among these events listed are any forms of abuse. More specifically, the policy requires the Living Unit Manager or Officer of the Day to make these abuse notifications to parents/guardians.

As previously mentioned, while onsite a review of investigation records and interviews with MYCF leaders indicated there was a need to clarify who is responsible for making notification to families. Therefore, during the corrective action period, the OYA MYCF enhanced the Facility Services Procedure Statement Youth Incident Report (YIR) FAC 1-E-4.0. The procedure now states the Manager or Officer of the Day (OD) will “verbally notify a youth’s involved family in these youth incidents: Death, including suicide...victim of abuse; and victim of alleged sexual abuse (notify parent or legal guardian only).” The process requires the facility’s Officer of the Day or designated manager to make notification and to document this in the Youth Incident Report. A follow-up conversation with the OYA PREA Coordinator clarified that the state police must be consulted prior to parent/legal guardian notification (as dictated in the MOU with Oregon State Police). A reminder of this requirement was provided by the OYA Agency PREA Coordinator during the October 10<sup>th</sup>, 2019 Facility Management Team meeting. Meeting minutes were sent to the auditor for review as evidence that this communication has been made. During this meeting OYA Facility Superintendents were directed to discuss revisions to the existing procedure in their regular meetings with staff (Living Unit Managers, QMHPS, Case Coordinators, direct care staff, etc.).

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with provisions in this standard.

### Standard 115.362: Agency protection duties

#### 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*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Facility First Responders to Sexual Abuse Checklist Form YA 1958
- Online OYA PREA Introduction Training (1325)
- OYA PREA Scenarios Training (classroom)
- OYA PREA Employee Training Power Point
- Interview with OYA Agency Director
- Interview with Assistant Chief of Facility Operations
- Interview with Facility Superintendent/PREA Compliance Manager
- Interview with random sample of direct care staff

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment, the OYA Facility First Responders to Sexual Abuse Checklist Form YA 1958, the OYA

PREA Introduction Training, and the OYA PREA Refresher 2018 Training provide clear direction on how to respond immediately in the event a youth alleges sexual abuse. Specifically, OYA requires staff to “ensure the victim is safe and kept separated from the perpetrator” upon learning or suspecting sexual abuse.

It is important to note that there is overwhelming evidence (i.e. interviews, review of investigation reports, etc.) that MYCF leaders take complaints of sexual abuse and sexual harassment very seriously and respond immediately once they are made aware of these situations. Youth interviews who filed grievances or called the OYA Hotline verified MYCF and agency staff were very responsive to their needs and addressed their safety concerns quickly. One transgender youth disclosed a situation in which she was placed on a unit with a youth who had previously victimized her (in a previous placement) and within 36 hours the alleged perpetrator was moved to another MYCF unit.

During onsite interviews, MYCF direct care staff verified they are formally trained how to keep youth safe in the event a youth is at imminent risk for sexual abuse. This process involves taking immediate action to separate the alleged perpetrator and victim and contacting their immediate supervisor and/or Officer of the Day. Interviews with the OYA Agency Director, MYCF Superintendent/PREA Compliance Manager, OYA Agency PREA Coordinator, Director of Human Resources, and Assistant Chief of Facility Operations confirmed that in the event a staff member was alleged to have sexually abused a youth, the staff member would be immediately placed on “duty station at home” until the conclusion of the investigation.

### **Standard 115.363: Reporting to other confinement facilities**

#### **115.363 (a)**

- Upon receiving an allegation that a resident was sexually abused while confined at another program, does the head of the program that received the allegation notify the head of the program or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- Does the head of the program 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 program 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*)

### *Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Interview with PSO Chief Investigator
- Interview with PSO investigative staff
- Interview with OYA Agency Director
- Interview with Facility Superintendent/PREA Compliance Manager
- Interview with OYA Human Resources Director
- Interview with OYA Human Resource Analyst
- Review of investigative reports (indicating notification to other facilities made within 72 hours or investigations within OYA were completed in accordance with PREA standards)

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment outlines staff and agency reporting duties. The policy states that, "If the abuse occurred in another facility, the superintendent/camp director that received the allegation must notify the following entities as soon as possible, but no longer than 72 hours after receiving the allegation:

- The head of the facility or appropriate office of the agency where the alleged abuse occurred;
- The other facility's or office's investigative agency; and
- PSO, who must document the notification in its case management system."

In addition, the OYA Policy I-D-4.0 Professional Standards Office of Investigations provides further guidance on reporting to other confinement facilities. It states, "If PSO receives an abuse complaint that allegedly occurred while a youth was placed in the physical custody of another agency, PSO must notify that agency of the allegation within 24 hours of having received the allegation." The policy also states, "PSO staff must record all complaints and allegations described in this policy in the database. Entries must record the basic information on each case, including alleged subjects, allegations, complainant information, date complaint received, investigator assigned, disposition and disposition date for each complaint. A unique case number must be assigned to each complaint or allegation to simplify case tracking."

Interviews with OYA leaders (i.e. Agency Director, HR Director, Agency PREA Coordinator) and with MYCF leaders revealed they are required to report allegations of sexual abuse that occurred in previous placements. This call would be made by the PSO Chief and/or PSO investigator assigned to the case. This information is also documented in the PSO AIM database where investigation information is housed. The Agency PREA Coordinator provided an example of such notification as further evidence of this routine practice.

Interviews also confirmed that if the MYCF Superintendent, PSO staff, or any OYA employee received notification from another facility or provider, the incident would be fully investigated consistent with OYA policies and federal PREA standards.

### Standard 115.364: Staff first responder duties

#### 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*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Facility SARRT Sexual Abuse Incident Checklist Forms (YA 1959)
- OYA Facility First Responders to Sexual Abuse Checklist Forms (YA 1958)

- OYA PREA Introduction Employee Training Power Point
- OYA online PREA Introduction Training (1325)
- Interviews with staff who served as First Responders (security and non-security)
- Interview with SARRC
- Interviews with random sample of staff
- Interviews with random sample of youth who reported sexual abuse

OYA provides consistent guidance to staff regarding first responder duties. The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment, the OYA Facility SARRT Sexual Abuse Incident Checklist Forms (YA 1959), and the online OYA PREA Introduction Training (1325) all clearly explain what steps to take if a youth alleges they have been sexually abused or assaulted. The instructions include, upon learning of an allegation of sexual abuse, the staff member must, in the following order, immediately:

- Ensure the victim is safe and kept separated from the perpetrator.
- If the incident occurred within 96 hours, secure the incident area(s) and treat it as a crime scene(s) in accordance with OYA policy II-A-1.2 (Preserving Chain of Evidence) until released.
  - Request that the alleged victim not take any action that could destroy physical evidence to include brushing teeth, changing clothes, showering, washing, urinating, defecating, drinking, or eating.
  - Ensure that the alleged abuser (if a youth) does not take any action that could destroy physical evidence to include brushing teeth, changing clothes, showering, washing, urinating, defecating, drinking, or eating.

Similarly, the OYA Facility First Responders to Sexual Abuse Checklist Forms (YA 1958) directs staff to:

- Ensure the victim is safe and kept separated from the alleged abuser.
- Preserve the crime scene.
- Do not allow anyone to move anything in/out of the area.
- Do not allow anyone in the area, unless needed.
- Keep a log of everyone who enters/exits area.
- Do not let the victim out of sight.
- Request that the victim to not change clothes, wash body, defecate, urinate, eat, drink, or brush teeth until after a forensic exam is completed.
- Ensure that the alleged abuser does not change clothes, wash, defecate, urinate, eat, drink, or brush teeth until after a forensic exam is completed.
- Verbally notify a facility SARRT staff member, officer-of-the-day (OD), and the Professional Standards Office Chief Investigator [503-508-4813 or 503-559-8408].
- Call medical staff if victim or alleged abuser is injured or requires a forensic exam.

There have been no allegations of sexual abuse that involved penetration at the MYCF. Interviews with youth and review of investigation reports (i.e. allegations of youth-to-youth sexual abuse that involved inappropriate unwanted touching above the clothes) confirm that staff adhere to agency policy and are compliant with this PREA standard. Interviews with staff who could be first responders were able to explain the actions they would take as a first responder, consistent with agency policy and procedures.

## Standard 115.365: Coordinated response

### 115.365 (a)

- Has the program developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and program 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*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- MacLaren YCF Local Operating Protocol MYCF 1-A-10.0 Sexual Abuse Response Plan
- OYA Facility SARRT Sexual Abuse Incident Checklist Forms (YA 1959)
- OYA Facility First Responders to Sexual Abuse Checklist Forms (YA 1958)
- Interview with Facility Superintendent/PREA Compliance Manager
- Interview with SARRC
- Interview with medical staff
- Interviews with QMHPs
- Interviews with random sample of staff
- Interview with Agency PREA Coordinator

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires that each OYA facility have sexual abuse response plan that outlines the roles and responsibilities in response to a sexual abuse incident. The same policy also states that the superintendent, camp director, Officer of the Day, and the facility SARRC are responsible for ensuring local operating protocol is followed.

MYCF has a written coordinated response plan for responding to incidents of sexual abuse and incidents of sexual harassment (MacLaren YCF Local Operating Protocol MYCF 1-A-10.0 Sexual Abuse Response Plan). This local operating procedure describes the roles and responsibilities in response to an incident of sexual abuse for all involved parties – i.e. the first responder, Supervisor or OD, PSO Chief Investigator, Facility RN, SARRT Members, SARRC, Living Unit Manager (LUM), JPPO, QMHP, and Facility RN. Onsite interviews with MYCF leaders and direct care staff verified they have been formally trained on their responsibilities and are aware of their roles related to responding to incidents of sexual abuse or assault.

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

### 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*)

### Evidenced Used in Compliance Determination:

- DAS Collective Bargaining Agreement Institution Collections 2015-2019 - Article 20, Section 3
- Interview with OYA Agency Director
- Interview with HR Director
- Interview with HR Analysis
- Interview with MYCF Facility Superintendent
- Interview with Agency PREA Coordinator
- Review of documents demonstrating situation in which staff were placed on "duty station at home" in response to allegations

DAS Collective Bargaining Agreement Institution Collections 2015-2019 - Article 20, Section 3 outlines the ability of OYA to remove staff pending the outcome of an investigation. There is nothing in the agreement that would prohibit the removal of staff in the event of an allegation of sexual abuse or assault. When an employee is suspended with pay or duty stationed at home, OYA is required to do the following:

- The employee shall be notified in writing of the initial reason for the action within seven (7) calendar days of the effective date of the action.
- The Agency will conduct the initial interview with the employee within thirty (30) calendar days of notification of the action.
- The investigation shall be completed within one-hundred twenty (120) calendar days. However, if the investigation is not concluded within the timeline, the Agency will notify DAS 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.

Interviews with agency and facility leaders verified they can prohibit contact between staff and youth in the event a sexual abuse allegation. The auditors reviewed documentation (i.e. emails, formal letters, etc.) confirming that the agency responds appropriately and timely to these situations.

## Standard 115.367: Agency protection against retaliation

### 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*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Executed Interagency Agreement Between Oregon State Police (OSP) and OYA
- Interview with MYCF Superintendent/Facility PREA Compliance Manager
- Interview with OYA Agency Director
- Interview with SARRC (responsible for monitoring retaliation)
- Interviews with random sample of youth who reported sexual abuse
- Review of youth files indicating how agency monitored retaliation (i.e. includes face-to-face check-ins, duration a minimum of 90 days, etc.)
- MYCF Monitoring Retaliation for Sexually Abused or Sexually Harassed Youth Process Checklist
- Completed Monitoring Retaliation for Sexually Abused or Sexually Harassed Youth Process Checklists

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment outlines the protections that OYA has to protect youth and staff who report sexual abuse

and sexual harassment or cooperate with an investigation. The policy explains the PREA Compliance Manager (PCM) is responsible for ensuring youth are protected from retaliation. Protection may include a housing change; facility transfer; and/or emotional support. The policy also requires the PCM or designee to monitor the youth's conduct or treatment for at least 90 days to see if there is possible retaliation by other youth or staff. If retaliation is detected the PCM or designee is directed to act promptly to remedy any such retaliation. The PCM or designee is required to continue "monitoring beyond 90 days if the initial monitoring indicates continued need."

Furthermore, the OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment describes that monitoring may include reviewing youth behavior violations, incident reports (YIRs), housing or other program changes, unit log entries, and periodic face-to-face check-ins with the youth. Staff may only refocus a youth for a behavior violation regarding an unfounded allegation if it can be determined that the youth made the allegation in bad faith. This policy also directs that monitoring of retaliation must be documented in the SARRC Log.

In situations in which staff report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, OYA provides several protections. OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires these protections for staff, "Protection may include workplace changes, ensuring the subject(s) of the investigation cannot contact the staff member, and emotional support. For at least 90 days following a report of sexual abuse or sexual harassment, the PREA Coordinator, in collaboration with the facility's PCM, must monitor the staff's conduct to see if there are changes that may suggest possible retaliation by youth or other staff and must act promptly to remedy any such retaliation." The policy also states that, "Monitoring must be documented in the PSO case management system database. Monitoring may include reviewing for negative performance reviews, unwarranted reassignments, and periodic face-to-face check-ins with the staff member. The PREA Coordinator, in collaboration with the facility's PCM, must continue such monitoring beyond 90 days if the initial monitoring indicates continued need."

The executed Interagency Agreement Between Oregon State Police (OSP) and OYA also upholds how victims of sexual abuse will be protected from the alleged perpetrator. More specifically, the interagency agreement describes, "In circumstances involving the report of abuse or suspected abuse, the youth/victim shall be protected from the suspect. During the duration of the investigation, this may require a) Reassignment of the suspect to other duties; b) Placing the suspect on leave; and/or c) Relocating the victim away from the suspect."

Interviews with the MYCF PREA Compliance Manager/Superintendent, PREA Coordinator, QMHPs, and Living Unit Managers revealed there is some confusion as to who is responsible for monitoring retaliation and what this monitoring is supposed to look like. In addition, interviews revealed that it is unclear exactly when a resident would be identified as someone who needed to be monitored. Monitoring for retaliation against staff is also unclear. Interviews with MYCF leaders and QMHPs revealed youth would be monitored at least 90 days but there were inconsistencies as to where this information is supposed to be documented (i.e. JJIS case note, SARRC log, etc.). This was supported through review of SARRC logs which indicated inconsistent follow-up and documentation of monitoring for retaliation for allegations of sexual abuse.

#### **Corrective Actions:**

- Set clear expectation that monitoring for retaliation must include periodic check-ins with staff or youth who report abuse; who will conduct these check-ins; and where check-ins with staff

members who report abuse will be documented. Monitoring for retaliation must occur for both substantiated and unsubstantiated incidences (not only instances of substantiated cases).

- Clarify what the collaboration and involvement look like for the PREA Facility Compliance Manager and the Agency PREA Coordinator as it relates to monitoring retaliation.

Corrective Actions Completed:

During the corrective action period MYCF developed a local operating process checklist to set clear expectations regarding monitoring retaliation. The MYCF Monitoring Retaliation for Sexually Abused or Sexually Harassed Youth Process Checklist details the monitoring process and involves periodic check-ins with youth who have reported abuse. More specifically, the checklist identifies the PREA Coordinator as responsible for emailing the facility PCM and SARRC when retaliation monitoring is required and with 30/60/90-day calendar reminders. The new practice requires the QMHP to check-in with youth within one week of reporting abuse and to document these check-ins in the youth's JJIS case notes. In addition, the procedure direct QMHPs to continue monitoring for retaliation via periodic check-ins over the next 90 days or beyond this timeframe as needed. The facility SARRC is responsible for documenting the check-in dates in the SARRC log. The OYA Agency PREA Coordinator performs regular quality assurance checks on the SARRC log and corresponding youth case notes to ensure compliance with PREA standards (i.e. verifying check-ins occurred). The new local procedure clearly defines roles and expectations as it relates to monitoring retaliation against youth. During the corrective action period the auditor reviewed examples from SARRC logs providing evidence that this practice has been implemented.

OYA has also developed a protocol to document the process for monitoring staff for retaliation. The protocol is entitled, "Retaliation Monitoring for Staff Who Report Sexual Abuse or Sexual Harassment." This protocol identifies the personnel responsible for monitoring retaliation, the steps to monitor retaliation, and the requirements for documentation. In addition, the protocol ensures that staff who cooperate with an investigation and express fear of retaliation are also monitored. MYCF leaders and the Agency PREA Coordinator scheduled a training for staff on this new protocol in December 2019. The protocol will be implemented immediately for all new allegations of sexual abuse and harassment going forward.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with all provisions in this standard.

**Standard 115.368: Post-allegation protective custody**

**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*)

*Evidence Used in Compliance Determination:*

- OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities
- Interview with MYCF Superintendent/PREA Compliance Manager
- Interviews with staff who supervise youth in isolation
- Interviews with QMHP (mental health staff)
- Interviews with nurses
- Interviews with random sample of youth
- Observations from facility tour

As previously described in this report, OYA does not use isolation or segregated housing for residents who have alleged sexual abuse. This practice was confirmed through interviews with staff and youth during the onsite visit. Although MYCF does not house sexual victims separately for their safety, the OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities describes that the use of isolation must be approved by the facility superintendent if youth are kept in isolation beyond three days.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

#### 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/program 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/program 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 program 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*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Executed Interagency Agreement Between Oregon State Police (OSP) and OYA
- Interview with MYCF Superintendent/PREA Compliance Manager
- Interview with OYA Agency PREA Coordinator
- Interview with PSO Chief Investigator
- Interviews with a PSO investigator
- Interviews with residents who have reported sexual abuse
- Review of training records verifying specialized training in investigations
- Review of training curricula:
  - NICIC.gov – National Institute of Corrections “Specialized Training: Investigating Sexual Abuse in Confinement Settings” description
  - OYA/PREA Interviewing Training” agenda (10/30/2013)

- Washington County Sheriff's Office and Training Force "Prison Rape and Sex Assault Investigations Inside Correctional Facilities" training outline (11/05/2014)
- Review of sample of investigative records/reports for allegations of sexual abuse and sexual harassment including those referred for criminal prosecution
- Review of sample investigation reports conducted and sent by Oregon State Police (as per the interagency agreement)
- Three sexual abuse and sexual harassment investigation reports during the second onsite visit
- Screen shots of AIM database verifying timely investigations (start and conclusion)

While onsite, auditors interviewed the PSO Chief Investigator, a PSO investigator, and the PSO Administrative Assistant. As previously mentioned, PSO is responsible for conducting administrative investigations related to sexual abuse and sexual harassment (as well as other non-PREA related grievances). The Oregon State Police (OSP) is responsible for conducting investigations that allege sexual abuse between youth or between staff and youth. Although the auditors were not able to interview a representative from the Oregon State Police, they conducted a detailed review of a sample of PSO investigation reports and records (N=4).

The OYA Professional Standards Office is responsible for responding to and resolving complaints and allegations of staff misconduct. OYA Policy I-D-4.0 Professional Standards Office Investigations policy requires, "PSO must investigate each allegation/complaint it receives or refer the investigation to the appropriate agency, OYA Human Resources, or the appropriate supervisor/manager or designee." The policy dictates "PSO must contact law enforcement agencies in the event of suspected criminal activity by staff or nonstaff and act as OYA's liaison with any law enforcement agency investigating OYA staff or nonstaff."

OYA Policy I-D-4.0 Professional Standards Office Investigations specifies that PSO conducts administrative investigations and Oregon State Police conducts criminal investigation (PSO does not conduct criminal investigations). The agency policy directs, "PSO must contact law enforcement agencies in the event of suspected criminal activity by staff or nonstaff and act as OYA's liaison with any law enforcement agency investigating OYA staff or nonstaff." In addition, an executed Interagency Agreement Between Oregon State Police (OSP) and OYA further clarifies the role of PSO and OSP and how investigations will be conducted. More specifically, the Executed Interagency Agreement Between Oregon State Police (OSP) and OYA clarifies the roles when conducting interviews, including conducting interviews that may impact criminal prosecution. The agreement states, "Crimes committed within State of Oregon institutions are the responsibility of OSP in regard to conducting criminal investigations. If OSP determines the reported wrongful activity does not involve criminal conduct, OSP will refer the case to the OYA Professional Standards Office and/or respective OYA facility/field office administrator." Onsite interviews with OYA PSO personnel verified that if PSO begins their investigation and there appears to be evidence or potential evidence that the incident may involve criminal activity, the PSO administrative investigation is put on hold. At this time, OSP assumes responsibility for the criminal investigation. Once the criminal investigation is completed and PSO is notified by OSP of the outcome of the investigation, PSO conducts an Administrative Incident Review (AIR) to determine if factors within the facility's and agency's control could have prevented the incident from occurring.

The OYA Policy I-D-4.0 Professional Standards Office of Investigations explains that joint investigations may be conducted. The policy explains, "Investigations by PSO may, when appropriate, be done in cooperation with law enforcement agencies, the Department of Human Services, Oregon Health Authority, or OYA Human Resources to ensure compliance with state and federal law, Department of

Administrative Services (DAS) and OYA policy, and, if applicable, collective bargaining agreements with Service Employees International Union (SEIU) and American Federation of State, County, and Municipal Employees (AFSCME).”

OYA Policy I-D-4.0 Professional Standards Office Investigations clearly outlines the types of incidents the OYA Professional Standards Office (PSO) must investigate. The policy directs PSO to “coordinate and assist OYA’s complaint process by receiving, tracking, or investigating these types of allegations: a) Violation of youth rights; b) Sexual abuse or sexual harassment; c) Boundary issues, inappropriate contact, or relationships with youth; d) Excessive force or abusive discipline of youth; e) On- or off-duty criminal activity by staff; f) Criminal activity by nonstaff when the activity may affect fitness to provide services to OYA; and g) Any investigation requested by the director, or designee.” In addition, the agency policy specifically states that PSO must respond to all hotline calls within 24 hours of retrieval and must complete an investigation within 60 days of receipt of an allegation. Interviews with PSO Chief and other PSO staff verified that PSO formally tracks all hotline calls and indicates the date of the follow-up call (and next steps). OYA PSO tracks their response time and PSO staff reported that 96% of OYA Hotline calls are answered within 24-hour of retrieving the message. If the message is left on a weekend, the time begins on Monday when the message is retrieved from the OYA Hotline number voicemail box.

OYA Policy I-D-4.0 Professional Standards Office Investigations explains that PSO must respond to all complaints. This includes third party reports including, but is not limited to, staff, nonstaff, youth, families, the general public, and other agencies. As per policy PSO is required to resolve the complaint and advise the complainant whether an investigation will be conducted by PSO or referred for follow-up. Interviews with OYA investigation personnel verified that PSO also investigates anonymous reports but also cited challenges with conducting a comprehensive investigation in these situations (i.e. not having a lead as to who specifically is being targeted, key witnesses, etc.).

According to OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment PSO investigators must complete specialized training specific to conducting sexual abuse investigations in juvenile justice settings. Review of training records onsite verified that the PSO Chief and PSO investigators have extensive experience in the field of law enforcement, corrections, and investigations. In addition, all PSO investigators received the online training through National Institute of Corrections “Specialized Training: Investigating Sexual Abuse in Confinement Settings.” In addition, the PSO Chief (who also carries a case load of investigations) has extensive professional experience as a police officer. The remaining PSO investigators have also received additional trainings such as the “OYA/PREA Interviewing Training” (10/30/2013) and the Washington County Sheriff’s Office and Training Force “Prison Rape and Sex Assault Investigations Inside Correctional Facilities” training (11/05/2014). These trainings provide information consistent with PREA expectations.

In further support of this standard, the executed Interagency Agreement Between Oregon State Police (OSP) and OYA details how investigations should be conducted. The agreement states, “Sexual assault investigations will be conducted in accordance with guidelines established by the Prison Rape Elimination Act (PREA) and sexual assault investigation protocols established by Oregon statute and best practices.” In addition, this agreement describes how evidence will be collected and how interviews will be conducted. The agreement requires:

- “Evidence will be collected, documented, packaged and stored according to current OSP and OYA policy to ensure the integrity of the item and its proper chain of custody. The scene of an alleged crime will be preserved pending notification and arrival of OSP. Relevant evidence will be stored and submitted to an OSP Forensics Laboratory for appropriate testing and legal

destruction when authorized and/or appropriate. Staff will provide reports and pertinent information to OSP.”

- “The suspect shall be interviewed in private by a police investigator. The interview shall not be in the presence of other staff members or supervisors. The criminal investigation shall remain separate from any administrative investigation OYA deems necessary.”

When determining the credibility of witnesses, the OYA Policy I-D-4.0 Professional Standards Office Investigations specifically instructs, “the credibility of an alleged victim, subject, or witness must be assessed on an individual basis. Credibility must never be determined by the person's status as a youth, staff, or nonstaff.”

The OYA Policy I-D-4.0 Professional Standards Office Investigations outlines what is expected in terms of documentation of investigatory activities. This policy states, “PSO investigations must include an effort to determine whether staff/nonstaff actions or failures to act contributed to the incident being investigated and must be documented in writing to include investigative facts and findings.” This policy also requires PSO investigators to complete a comprehensive report at the conclusion of each investigation. More specifically, the policy directs “PSO staff must create a PSO investigation record for all investigated complaints received. The PSO investigation record must contain the entire work product of the investigation. This may include but is not be limited to: (1) Investigator reports; (2) Transcripts of statements; (3) Copies of all documentation relevant to the investigation; and (4) All related material from other agency incidents as may be applicable.” The Interagency Agreement Between Oregon State Police (OSP) and OYA also requires OSP to send copies of all OSP completed criminal investigation reports to OYA PSO.

The OYA Policy I-D-4.0 Professional Standards Office of Investigations explains that investigation reports are classified as restricted information and must be handled according to OYA Policy I-E-3.2 Information Asset Classification and Protection. The PSO investigator is required to review the report with the PSO Chief Investigator. Following this review, the PSO investigator finalizes the report and submits the report to the PSO Chief Investigator for review and approval. This policy also clearly states, that PSO investigative records related to a particular OYA staff must be retained for the career of that staff, plus 20 years. This exceeds the PREA standard which requires these records to be retained for the length a staff member is employed plus five years. Youth in OYA can be committed to the custody of OYA at the age of 12 and OYA is permitted to keep youth through their 24<sup>th</sup> birthday. Therefore, if a youth committed a sexual assault while in custody the youth would only be “incarcerated by the agency” for a maximum of 12 years. Therefore, MYCF complies with provisions in this standard.

In further support of federal PREA standards the OYA Policy I-D-4.0 Professional Standards Office Investigations prohibits PSO from terminating “...an investigation based on the departure of a complaint's alleged victim or perpetrator from OYA's employment or control, or if the source of the allegation recants.” All PSO personnel confirmed that the investigation would continue in all situations until the investigation was concluded.

As required by PREA standards, review of investigative files provided documentation that PSO investigators maintain contact with Oregon State Police throughout the course of an investigation. Auditors noted PSO investigators consistently reaching out via email to OSP for an update on the investigation. Email correspondences were part of the supportive documentation accompanying the investigation reports extracted from the PSO AIM database.

Although the OYA policies do not specifically state that polygraphs or other truth telling devices are prohibited from being used as a condition for proceeding with the investigation of a sexual abuse, all PSO personnel verified they do not use these practices with youth.

**Corrective Actions:**

- Ensure that all administrative investigation reports for allegations of sexual abuse and sexual harassment provide descriptions of physical and testimonial evidence and efforts to determine if staff actions or failures that contributed to the abuse.
- Implement controls and monitoring to ensure that administrative investigations are closed promptly, in accordance with OYA Policy.

Corrective Actions Completed:

During the second onsite visit (during the corrective action period) the auditor reviewed three investigation reports of sexual abuse and sexual harassment allegations at MYCF. Review of these investigation reports and supporting documentation indicated a deeper understanding on behalf of the investigators of what is required in standard 115.371. This was evidenced by detailed descriptions of physical and testimonial evidence from the alleged victims, perpetrators, and witnesses in the investigative report narratives. In addition, these reports clearly addressed whether staff’s actions may have contributed to the event and the investigation conclusion. For examples one report stated, “...lack of supervision, performance issue....staff allowing serious horseplay” while another stated “staff were in direct line of sight and properly supervising...” Review of transcriptions from youth and staff interviews during the second onsite visit verified that investigators are conducting thorough investigations and documenting investigation activities consistent with PREA standards.

During the corrective action period, OYA hired two new investigators. This has facilitated investigations being completed in a more timely manner. A sample of screen shots from the PSO AIM system were provided (n=3) to auditors to verify investigations were completed within an appropriate timeframe. Review of this information indicated the sample of investigations were closed between one day to six weeks.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with all provisions in this standard.

**Standard 115.372: Evidentiary standard for administrative investigations**

**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*)

*Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Interviews with OYA PSO investigative staff
- Review of investigation reports and records

The OYA Policy I-D-4.0 Professional Standards Office of Investigations states, “PSO investigators must impose a preponderance of evidence standard when determining whether any youth sexual abuse or sexual harassment complaint or allegation is substantiated.” Interviews with the PSO Chief Investigator and the PSO Investigator verified that when determining when to start an investigation they use a “reasonable suspicion” standard. On the contrary, when determining the outcome of a sexual abuse or sexual harassment allegation investigation, OYA investigators use a “pre-ponderance of evidence” criteria, meaning that it is more likely than not that the incident occurred. Review of investigation reports also provided additional evidence that thorough investigations are conducted and that these definitions are used when determining the outcome of an investigation.

**Standard 115.373: Reporting to residents**

**115.373 (a)**

- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency program, 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 program, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/program 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 program?  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 program?  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 program?  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 program?  
 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 program?  
 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*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Interview with MYCF Superintendent/PREA Compliance Manager
- Interview with SARRC
- Interviews with PSO investigative staff
- Interviews with residents who reported sexual abuse
- Review of SARRC logs (N=6) verifying residents who alleged sexual abuse were notified of the investigation outcome
- Screen shots of PSO AIM database tracking youth notification of investigation outcome

- Sample of email communications from OYA PREA Coordinator to MYCF PREA Compliance Manager regarding notifications
- Meeting minutes from SARRT/PREA Compliance Manager meeting held on September 11, 2019

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment declares, "After responding to a facility youth's report of sexual abuse or sexual harassment, the facility's PCM must ensure the youth is notified whether the allegation has been substantiated, unsubstantiated, or unfounded." As per this policy, once an investigation has concluded PSO staff are required to forward the factual findings to the appropriate assistant director, superintendent, camp director, field supervisor, Human Resources, manager, and others as appropriate to the investigation. The Agency PREA Coordinator fulfills this requirement by sending an email to the required recipients. Since the MYCF Superintendent is also the PREA Facility PREA Compliance Manager, it would be his responsibility (or designee) to inform the youth of the outcome and document this notification in the SAARC log (Excel spreadsheet). The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment holds the PSO Chief Investigator responsible for ensuring a youth who is a victim of an abuse complaint or allegation is notified of the results of the investigation.

A random sample of six SARRC log entries were reviewed to determine if documentation of the sexual abuse investigation was communicated to youth. Of the six SARRC log entries reviewed, four logs indicated the date youth was notified of the outcome of the investigation. One record was missing this documentation and the other missing record was because the youth was no longer with OYA (transferred to DOC). The auditors encourage OYA to continue to improve its documentation and tracking in this area to ensure this information is being documented consistently. This may require follow-up from the Agency PREA Coordinator or establishing a quality assurance check of SARRC logs.

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, "If the allegation is substantiated and the perpetrator is a staff member, the PCM or designee must inform the youth of the following when known: (1) The staff member is no longer assigned to work in the youth's housing unit; (2) The staff member is no longer employed at the facility where the youth is residing; (3) The agency learns that the staff member has been indicted on a charge related to the allegation; or The agency learns that the staff member has been convicted on a charge related to the allegation" The policy also requires notification to the victim in situations of youth-to-youth sexual abuse allegations. More specifically this same policy states, "If the allegation is substantiated and the perpetrator is another youth, the PCM or designee must inform the youth who reported the incident of the following when known: (1) The agency learns that the alleged perpetrator has been indicted on a charge related to the allegation; or (2) The agency learns that the alleged perpetrator has been convicted on a charge related to the allegation."

**Corrective Actions:**

- Develop a clear process for who is responsible for notifying youth regarding the outcome of the investigation and how this notification will be made.
- Consider enhancing the SARRC log to be able to track the time and date of the entry. An Excel spreadsheet does not serve as the strongest evidence to verify these notifications were made consistent with PREA expectations. OYA may consider documenting this notification in a clinical folder or restricted area in JJIS.

Corrective Actions Completed:

In order to better ensure victims (youth in OYA custody) are notified of the outcome of the investigation, OYA created a field in the PSO AIM database to track when this notification was made and by whom. Once the investigation has been completed and the case is closed, the Agency PREA Coordinator emails the appropriate facility Superintendent and PREA Compliance Manager to inform them of the investigation outcome. In this email, the recipient is prompted to:

- 1) Notify the youth of the investigation results and indicate the notification date in the SARRC log
- 2) Email the Agency PREA Coordinator when this notification has been made
- 3) Continue monitoring youth for retaliation including updating SARRC log with related activities and information (as it relates to retaliation)
- 4) Conduct the Administrative Incident Review in cases of sexual abuse within 30 days of completion of the investigation

A sample email was sent to the auditor as well as sample screen shots (n=4) showing completed fields in the PSO AIM database (those indicating the date youth had been notified and by whom). Follow-up interviews with the OYA Agency PREA Coordinator and other staff verified this practice has been fully implemented and expectations clearly conveyed to all relevant staff.

During the SARRC/PCM meeting held on September 12, 2019 the OYA Agency PREA Coordinator reminded all individuals that they must notify the victim (i.e. a youth in OYA custody) of the outcome of the investigation whether substantiated, unsubstantiated, or unfounded. PCMs and/or SARRCS from MYCF, CRB, and YWTP were among those individuals present. Meeting minutes were submitted to and reviewed by the auditors to verify compliance.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with all provisions in this standard.

**DISCIPLINE**

**Standard 115.376: Disciplinary sanctions for staff**

**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*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Interview with Facility Superintendent/PREA Compliance Manager
- Interviews with HR staff
- Interviews with PSO (investigative) staff
- Review of investigations and HR files related to incidents involving staff (n=3)

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, “Any sexual behavior or act between staff and youth, volunteers and youth, or contractors and youth, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. Termination is the presumptive disciplinary sanction for staff, contractors, or volunteers, who have engaged in sexual abuse.” Interviews with the HR Director, HR Analyst, MYCF Facility Superintendent, and OYA Agency Director verified that the in the event of an allegation of sexual abuse by a staff member, they would immediately be placed on “duty station at home” until the investigation was concluded. If the investigation determined the allegation was substantiated, all interviews verified the staff member would be immediately terminated.

In the 12-month period, there were four incidents of alleged sexual misconduct between staff and youth. Three of these allegations were unsubstantiated and one the investigation is still in progress. Review of documentation from HR and investigation files revealed that staff were put on “duty station at home” or posted to a different living unit when an allegation for sexual misconduct was received by PSO.

The agency OYA Policy I-D-4.0 Professional Standards Office of Investigations holds PSO responsible for reporting the findings of an investigation to specific state agencies and relevant licensing bodies as required by law. Consistent with PREA standards, interviews with PSO personnel indicated they were aware of this responsibility. MYCF has not had a substantiated allegation of sexual abuse that involved a staff member and therefore PSO has not had to make this notification.

## Standard 115.377: Corrective action for contractors and volunteers

### 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 program 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*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Interview with Facility Superintendent/PREA Compliance Manager
- Interviews with HR staff
- Interviews with PSO (investigative) staff
- Review of investigations and HR files related to incidents involving staff (n=3)

PSO is responsible for responding to and resolving complaints and allegations of misconduct for staff and “nonstaff” as per agency policies. Contractors, volunteers, and interns would qualify as “nonstaff” and therefore, be subject to investigation. As previously state, the OYA Policy I-D-4.0 Professional Standards Office of Investigations holds PSO responsible for reporting the findings of an investigation to specific state agencies and relevant licensing bodies as required by law. Consistent with PREA standards, interviews with PSO personnel indicated they were aware of this responsibility to notify state agencies and licensing bodies. MYCF has not had an allegation of sexual abuse that involved a contractor or volunteer, and therefore PSO has not had to make this notification.

Interviews with the OYA HR Director, HR Analyst, MYCF Facility Superintendent, and OYA Agency Director verified in the event of an allegation of sexual abuse by a contractor, volunteer, or intern, they would not be allowed back on campus until the investigation was concluded. If the investigation

determined the allegation was substantiated, these individuals would not be allowed to return to MYCF or another OYA program/facility and the proper notifications would be made.

### Standard 115.378: Interventions and disciplinary sanctions for residents

#### 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 program offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the program 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*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy II-B-2.1 Behavior Management – Youth Refocus Options
- OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities
- OYA Youth Safety Guide (English and Spanish versions)
- Interview with MYCF Superintendent/PREA Compliance Manager
- Interview with Treatment Services Supervisor
- Interviews with QMHPs (mental health clinicians)
- Interviews with nurses
- Interviews with random sample of youth
- Interviews with youth who have been in isolation

Interviews with MYCF Superintendent, Treatment Services Supervisor, QMHPs, and Living Unit Managers (LUMs) indicated that incidents of sexual harassment and/or sexual abuse would be viewed as a lapse in treatment and would be addressed by re-assessing youth needs and delivering interventions to address youth-specific issues (i.e. increasing the frequency of individual counseling sessions). If the incident was egregious and the facility did not feel equipped to handle a perpetrator, they might consider transferring the perpetrator to another living unit or OYA facility. Interviews also supported that mental health factors are consistently considered when developing the youth's case plan and would also be heavily considered after an incident of sexual abuse. These discussions would occur during the quarterly

MDT meeting but also in weekly QMHP meetings. Other factors QMHPs consider when developing a treatment plan are cognitive functioning/capacity, response to previous treatment modalities, and motivation for sexual offending, to name a few.

The OYA does not use isolation to discipline or punish youth. The OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities states, "Isolation must only be used to manage a youth's crisis behavior when the youth is in danger of physically harming others, where a serious threat of violence is present, or violence has occurred. Staff must use other less restrictive interventions when appropriate, considering the youth's behavior and its effect on others in the area where the behavior occurred or is occurring. A staff member not involved in the incident must try to help the youth with regulation and problem-solving prior to using an isolation intervention." This policy also requires a QMHP or mental health clinician to assess the mental health of youth within one hour of being placed in isolation and that youth be monitored every 15 minutes. The policy also requires "Youth in time-out, isolation, or safety programs must be afforded the same opportunity to maintain health and dignity as their peers consistent with their program requirements. Service delivery may differ according to the youth's individual program." This policy also declares that youth in isolation must be provided with basic services and specifically states, "Each youth must be allowed daily opportunity for large muscle exercise outside or in a gym. Youth must not be restricted from this activity unless they pose a danger to themselves or others." This policy also requires that if a "literacy or language barrier prevents a youth from understanding the facility rules or behavior refocus options, a bilingual staff member or interpreter must help the youth achieve understanding." This further provides support that isolation is used as an absolute last resort to manage dangerous youth behaviors, not for disciplinary reasons.

In further support of these standards, the OYA Policy II-B-2.1 Behavior Management – Youth Refocus Options upholds, "When a youth engages in a behavior violation, OYA staff must follow established guidelines to refocus the youth's negative behavior. The refocus options and processes described herein focus on staff response to youth behavior that may cause imminent danger or harm to self or others, or represents an imminent threat to the safety, security and good order of the facility (major behavior violations). Refocus options are graduated according to the severity of the behavior violation and the youth's individual developmental needs." This policy also explains, "When a youth exhibits any of the major behavior violations listed in the matrix, at least one of the listed refocus options must be used. Any deviation from the matrix must be authorized by the facility superintendent, camp director, living unit manager, or designated staff for substantial reasons and documented in JJIS. Changes to any behavior refocus option already used must be approved by a supervisor up to the level of superintendent/camp director. The change must be documented in the youth's case notes. Changes must only be made at the level that the original refocus option would have been used. The change must be agreed upon by the staff who used the original behavior refocus option (if available), the youth, living unit manager, superintendent/camp director or designee."

Interviews with a random sample of youth indicate that isolation is used infrequently and only when youth are a danger to self or others. One youth reported he was placed in isolation two separate times (not because he was a victim of sexual abuse/assault) – once for three days and the other for two days. The youth verified he was offered exercise daily and was visiting by a QMHP and nurse every day. He reported that he didn't have to do schoolwork but explained that this was because he couldn't be trusted with a pencil (i.e. risk of self-harm). Another youth interviewed, spends the morning, day, and evening hours with her unit peers and at bedtime but chosen to sleep in the Crisis Intervention Unit (CIU) because she reports feeling safer sleeping in CIU at night. Interviews provide evidence that MYCF is not using isolation as a disciplinary sanction for youth who have engaged in youth-on-youth sexual abuse or following a finding of guilt for youth-on-youth sexual abuse.

Additional evidence that isolation is used for the shortest duration possible can also be found in the OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities. This policy explains, “the skill development coordinator (SDC), member of the youth’s unit leadership team, QMHP, onsite manager, or OD must assess the youth’s emotional regulation, and readiness to engage in problem analysis and reintegration planning, within two hours of the isolation intervention, and at least every two hours thereafter during the youth’s waking hours. The results of the assessment must be documented in a YIR.”

The OYA Youth Safety Guide (English and Spanish versions) states, “You will not get in trouble if you make an honest report. However, if you knowingly make a false report, you will be held accountable.”

There is sufficient evidence for the auditor to conclude MYCF complies with this standard.

## MEDICAL AND MENTAL CARE

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

#### 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*)

### *Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Informed Consent and Awareness of Information Sharing Form
- OYA Youth Correctional Facility Initial Health Screen (Form 4408)
- OYA document “Asking for Health Care and Mental Health Services”
- Interviews with mental health staff (QMHP)
- Interviews with nurses
- Interviews with staff who conduct sexual victimization risk screenings (QMHPs)
- Interviews with residents who disclose sexual victimization at risk screening
- Review of sample of records of youth who disclosed sexual abuse
- Observations during facility tour

All youth who come to MYCF are assessed for health issues, mental health issues, and vulnerability to be sexually victimized and/or perpetrate the day they arrive. The Intake QMHP is responsible for conducting the agency’s Sexual Violence Assessment Tool (SVAT). Youth are placed on one of three intake units (one intake unit is for parole violators, one is focused on substance abuse, and the other is for general population youth) for the first 30 days. If a youth discloses previous sexual abuse or perpetration, the Intake QMHP (person conducting the screening) would be responsible for referring youth to a QMHP. The Intake QMHP is responsible for all youth placed on all intake units during the initial 30-day period. During the onsite interview, the Intake QMHP revealed that he would meet with youth as soon as possible but no later than 30 days from arrival if a youth disclosed previous sexual victimization and/or sexual perpetration. The auditors recommend reminding the intake QMHP to formally document this follow-up meeting.

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment supports provisions in this standard. More specifically the policy states, “A youth who discloses any previously unknown sexual victimization or perpetration must be offered an individual meeting with a mental health practitioner to further assess related treatment and placement needs within 14 days of the disclosure.” This policy also requires staff to inform youth at intake that any report of sexual abuse will be reported to law enforcement or Department of Human Services, Child Protective Services. In addition, as per agency policy “OYA facility medical and mental health practitioners: a) Must notify youth at the initiation of services of their duty to report and the limitations of confidentiality. b) Must obtain informed consent from youth who are 18 years old or older before reporting information about the youth’ prior sexual victimization that did not happen in an institutional setting.” Interviews with QMHPs, the Treatment Services Supervisor, and the MYCF RN all verified they inform youth of mandatory reporting requirements and the limits of confidentiality. They also confirmed they would obtain informed consent from those youth who were 18 or older before reporting prior sexual victimization (unless it happened inside an institution/program).

In further support of this provision, the OYA requires all youth to sign the OYA Informed Consent and Awareness of Information Sharing Form indicating they understand the limits to confidentiality. The form explains that mental health staff (i.e. QMHPs, Psychologists, and/or Psychiatrists) are mandatory reporters. The form also explains, "It is important for youth to feel safe providing honest information and to understand who may hear/read about the information you share during these meetings. Some of the information you share may remain private between you and the professional. Some information may be shared with members of your multidisciplinary team (MDT), such as Psychologists, Psychiatrists, Doctors, Nurses, QMHPs, Superintendents, Program Directors, Treatment Managers, Parole and Probation Officers, and/or parents/identified family. Information critical to the safety of you/others may be shared with additional individuals... Some information obtained during assessments/evaluations with QMHPs, Psychiatrists, and/or Psychologists will be shared verbally with your MDT for purposes of appropriate safety and treatment planning. These documents are also available to select members of your MDT for viewing (QMHP, TM, JPPO), in which case these professionals would have access to all of the information. Some/all of this information may also be shared with other treatment providers, for purposes such as transition placement/planning. If such documents are released outside of OYA, your QMHP/TM/JPPO will inform you of what information is being released, and to whom, and will have you sign below to document your awareness that this information is being shared."

The OYA uses the Youth Correctional Facility Initial Health Screen (Form 4408) to gather important medical information upon arrival. Youth are required to initial by several statements on the form including that the disclosure of limitations of confidentiality and duty to report was given verbally and that this disclosure was also provided to youth in writing. Additionally, youth are required to sign the bottom of the form which states, "I acknowledge that I have answered truthfully and that I have been told and shown in writing how to obtain medical services."

This information is also provided to youth in the OYA document "Asking for Health Care and Mental Health Services." The document explains, "All Oregon Youth Authority staff, including medical and mental health staff, are mandatory reporters. This means they are required by law to report when you tell them or when they see or suspect you have been physically injured or sexually abused while in OYA's custody. They also may have to report child abuse that happened to or by you even if it was before you came to OYA. This duty to report supersedes medical confidentiality...By signing, you state that you have been informed that OYA staff are required to report all abuse they see or suspect."

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, "Any sexual abuse information received by any staff member must only be disclosed on a need-to-know basis. Information must be shared according to state and federal privacy laws, professional licensure, and ethical standards." The policy also directs staff to document the mental health practitioner's meeting and recommendations about the youth's treatment and placement needs in a case note restricted to the "OYA MH Full Access" group in JJIS. Interviews with QMHPs and Living Unit Managers verified that sensitive information related to past sexual abuse or perpetration is shared only with select individuals. MYCF has created a distribution list that includes only QMHP and specific managers to which PREA specific information (i.e. vulnerability risk information) is distributed. Review of a sample of emails verified MYCF complies with provisions of this standard.

## Standard 115.382: Access to emergency medical and mental health services

### 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*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy II-D-1.0 Facility Health Services
- OYA Facility SARRT Sexual Abuse Incident Checklist Form YA 1959
- OYA Facility First Responders to Sexual Abuse Checklist Form YA 1958
- Salem Health Hospitals and Clinics "Care of the Adolescent or Adult Victim of Sexual Assault Clinical Department Level Policy and Procedure"
- Interviews with mental health staff (QMHPs)
- Interviews with nurse

- Interview with OYA Medical Director
- Interviews with first responders (security and non-security staff)
- Interview with SANE from Salem Hospital
- Interviews with residents who disclose sexual victimization
- Review of sample of records of youth who disclosed sexual abuse
- Observations during audit tour

OYA requires youth to receive immediate access to emergency medical treatment and crisis intervention services. OYA Policy II-D-1.0 Facility Health Services directs, "If a youth may have been sexually abused and the abuse may have occurred within 96 hours, Health Services staff must arrange for the youth to be transported to a medical emergency room or a facility in the community that is equipped to evaluate, collect physical evidence, and treat victims of sexual abuse....Staff must schedule the youth to see a physician or nurse practitioner upon the youth's return to an OYA facility." In addition, the OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, "Under no circumstances may access to treatment resources be denied a youth who is a victim of sexual abuse because the youth refuses to disclose sexual abuse incident details...If the reported incident was a sexually abusive penetration that occurred within 96 hours, Health Services staff (if available) must assist in arranging the youth's medical examination in the local community at a facility equipped to evaluate and treat sexual abuse victims."

Onsite interviews confirmed staff understand the steps to take as a first responder. Among these steps is to protect the victim. The OYA Facility SARRT Sexual Abuse Incident Checklist Form YA 1959 and the OYA Facility First Responders to Sexual Abuse Checklist Form YA 1958 both direct the first responder to take the immediate steps to protect the victim and to notify the supervisor or officer-of-the-day (OD). The Facility SARRT checklist specifically states, "Seek a medical evaluation and treatment for the victim and alleged perpetrator, if needed." In addition, the checklist also lists "Health Services Staff" among the immediate notifications.

In further support of these standards, the OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment specifically states, "If Health Services staff are not available, facility staff will arrange the medical examination in the community." Interviews with the SARRC, QMHP, OYA Medical Director, and RN verified this process is followed in situations of sexual abuse allegations. It is important to note that the OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment specifically states, "Health care services must be provided at no cost to the youth who has been sexually assaulted or abused and must be provided regardless of whether or not the youth names the abuser or cooperates with the investigation."

Review of the Salem Health Hospitals and Clinics "Care of the Adolescent or Adult Victim of Sexual Assault Clinical Department Level Policy and Procedure" indicates the policy and protocol is consistent with PREA standards. Furthermore, the policy references requirements and standards from the Oregon State Board of Nursing, National Protocol for Sexual Assault Medical Forensic Examinations, and the Oregon Attorney General's Office Sexual Assault Task Force (SATF). More specifically, the Salem Hospital SANE protocol requires hospital staff to contact the Center for Hope and Safety for a victim advocate and crisis support services. In addition, the policy/protocol specifically states that friends and family may staff with the victim during the interview process, as requested by the victim. It is reasonable to infer that the hospital would allow these individuals listed in this policy, as well as victim advocates, to sit in on the forensic examination upon request.

Consistent with PREA expectations, the Salem Health Hospitals and Clinics “Care of the Adolescent or Adult Victim of Sexual Assault Clinical Department Level Policy and Procedure” states that victims will be offered prophylaxis medications for Chlamydia and Gonorrhea as well as for pregnancy protection. The policy also states, “the victim may choose to decline any or all medications, but such action must be documented.”

OYA is required to provide appropriate follow-up medical treatment to victims of sexual abuse. OYA Policy II-D-1.0 Facility Health Services states, “The physician or nurse practitioner must determine if all necessary prophylactic treatment has been given to the youth. If not, the physician or nurse practitioner must administer all necessary prophylaxis (including follow-up care for sexually transmitted diseases or other communicable diseases as appropriate).” More specifically, the OYA Facility SARRT Sexual Abuse Incident Checklist (Form YA 1959) specifically directs if the victim is NOT willing to undergo a forensic exam the youth must sign the bottom of the checklist documenting this refusal decision. The checklist also directs the appropriate staff to “Provide education of risk of sexually transmitted infections and pregnancy (if appropriate) and advise the victim on the availability of medical care while at OYA.” Interviews with the OYA MYCF RN and OYA Medical Director verified this practice.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires health care services be provided at no cost to the youth who has been sexually assaulted or abused. This same policy states these services must be provided regardless of whether or not the youth names the abuser or cooperates with the investigation.

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

#### **115.383 (a)**

- Does the program 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 program?  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 program 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 program.)  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 program.)  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 program 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*)

### Evidenced Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy II-D-1.0 Facility Health Services
- OYA Facility First Responders to Sexual Abuse Checklist Form YA 1958
- Salem Health Hospitals and Clinics "Care of the Adolescent or Adult Victim of Sexual Assault Clinical Department Level Policy and Procedure"
- Interviews with mental health staff (QMHP)
- Interviews with nurses
- Interview with Director of OYA Health Services
- Interviews with residents who disclose sexual victimization
- Review of random sample of youth files of youth who have been victimized by sexual abuse and/or assault in any correctional institutional setting (demonstrating offered pregnancy testing, STI testing, provided adequate follow-up level of care, etc.)
- Observations during facility audit tour

Following a medical or forensic exam of a youth who alleges sexual assault or abuse, OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires,

“A mental health practitioner must evaluate the victim for crisis intervention counseling and long-term follow-up within 24 hours of the medical examination.” The policy specifically requires the evaluation to include “an assessment for potential for suicide and anxiety disorders, and appropriate treatment needs to address victimization.” Onsite interviews with OYA medical and mental health staff verified this protocol is closely followed.

Since MYCF is an all-male program several of the provisions in this standard do not apply (i.e. offering pregnancy testing). However, as previously mentioned, the Salem Health Hospitals and Clinics “Care of the Adolescent or Adult Victim of Sexual Assault Clinical Department Level Policy and Procedure” states that victims will be offered prophylaxis medications for Chlamydia and Gonorrhea as well as for pregnancy protection. In addition, OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires, “Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases must be offered to the victim, as appropriate, and documented.”

As part of the Salem Health Hospitals and Clinics “Care of the Adolescent or Adult Victim of Sexual Assault Clinical Department Level Policy and Procedure” hospital staff are required to call the Center for Hope and Safety (victim advocates) in the event of an allegation of sexual abuse or assault. An interview with the Salem Hospital’s SANE Program Coordinator verified their protocol includes calling the local advocacy center immediately to ensure youth get the emotional support and medical attention they need following a sexual assault/abuse incident. The SANE Program Coordinator also reported that if youth needed long-term follow-up the advocate would stay involved as needed.

OYA is required to provide appropriate follow-up medical treatment to victims of sexual abuse. OYA Policy II-D-1.0 Facility Health Services states, “The physician or nurse practitioner must determine if all necessary prophylactic treatment has been given to the youth. If not, the physician or nurse practitioner must administer all necessary prophylaxis (including follow-up care for sexually transmitted diseases or other communicable diseases as appropriate).” More specifically, the OYA Facility SARRT Sexual Abuse Incident Checklist (Form YA 1959) specifically directs if the victim is NOT willing to undergo a forensic exam the youth must sign the bottom of the checklist documenting this refusal decision. The checklist also directs the appropriate staff to “provide education of risk of sexually transmitted infections and pregnancy (if appropriate) and advise the victim on the availability of medical care while at OYA.” Interviews with the OYA MYCF RN and OYA Medical Director verified this practice.

As previously stated, the OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires health care services must be provided at no cost to the youth who has been sexually assaulted or abused.

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, “A mental health practitioner must conduct an evaluation of a youth who allegedly perpetrated a sexual abuse against another youth to assess related treatment needs within 60 days of the mental health practitioner learning of the alleged sexual abuse....The evaluation must be documented in the following manner and include specific recommendations about the youth's treatment and placement needs: a) A case note restricted to the "OYA MH Full Access" group in JJIS; b) A YA 4452 (Psychology Progress Report) if completed by a psychologist; or c) A YA 4453 (Psychiatric Progress Report) if completed by a psychiatrist or psychiatric mental health nurse practitioner.”

Interviews with MYCF leaders, OYA medical staff, QMHPs, and the Salem SANE Program Coordinator confirmed they are dedicated to the health and well-being of MYCF residents. These staff reported they

would ensure youth receive the necessary treatment, including referrals for continued care if youth was discharged to the community or transferred to another program. Although there have been no sexual abuse allegations that involved penetration, the auditors conclude that there is enough evidence to conclude MYCF offers victims the medical and mental health services they need consistent with the community level of care.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

#### 115.386 (a)

- Does the program 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 program?  Yes  No
- Does the review team: Examine the area in the program 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 program head and Program Director/PREA Compliance Manager?  Yes  No

## 115.386 (e)

- Does the program 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*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-E-4.0 Incident Reviews
- OYA Administrative Incident Review Report (YA 0024)
- Review of a sample of completed OYA Administrative Incident Review Reports (Form YA 0024) and supporting documentation (N=12)
- Interview with MYCF Superintendent/PREA Compliance Manager
- Interviews with members of Administrative Incident Review team
- OYA Administrative Incident Review Report (AIRR) – revised
- Completed OYA AIRRs

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires, “the superintendent, camp director, or PCM, must ensure an Administrative Incident Review Report (YA 0024) is completed within 30 calendar days after the conclusion of a sexual abuse investigation whenever the allegation is unsubstantiated or substantiated.” In addition, OYA Policy I-E-4.0 Incident Reviews requires a formal administrative review process for all substantiated or unsubstantiated allegations/incidents of youth sexual abuse occurring in OYA facilities. This policy explains, “all facility incidents listed in section IV. B. and community incidents determined by the Community Services assistant director require an Administrative Incident Review within seven calendar days of when staff became aware of the incident, or within 30 days of the conclusion of a substantiated or unsubstantiated sexual abuse incident investigation.”

The OYA Administrative Incident Review Report (Form YA 0024) (AIRRs) assists the Administrative Incident Review Committee with ensuring important topics are covered during the review. The OYA Policy I-E-4.0 Incident Reviews explains, “the Administrative Incident Review requires the accumulation of all relevant information, such as reports and documents of involved persons and witnesses (e.g., Youth Incident Reports). Interviews may be necessary to clarify or obtain relevant information.” This policy describes the information discussed during this review process. All information must be documented in the Administrative Incident Review Report (YA 0024). This report is then submitted to the applicable superintendent/camp director and assistant director for review. The Administrative Incident Review Report (YA 0024) includes check boxes indicating:

- The type of incident (i.e. substantiated or unsubstantiated sexual abuse investigation, youth-on-staff assault, serious injury due to physical intervention, etc.);
- Types of supporting documents attached to the completed Administrative Incident Review Report

- To whom the final report was sent (i.e. Deputy Director, Superintendent, Assistant Director or Chief of Operations, etc.);
- A summary of the incident; acknowledgement of what went well during the incident; whether the action/response to the incident was in or not in compliance with applicable OYA rules and policies and procedures; and what corrective actions were taken or are still needed to improve outcomes in future similar incidents.

As part of the audit, the auditors selected a sample of AIRRs to review. Four of the incidents were sexual abuse investigations. Of these, only two incidents had a formal AIR. During the corrective action period, the agency will be required revise the current AIRR to ensure each of the items in provision (d) of this standard is discussed. Specifically, the PREA standards require the review team to discuss and determine if the incident or allegation was motivated by race; ethnicity; gender identity: lesbian, gay, bisexual, transgender, intersex identification, status or perceived status; or, gang affiliation; or resulting from other group dynamics at the program; whether the staff levels where the incident occurred are adequate; whether monitoring technology should be considered or augmented to supplement staff supervision; identify recommendations or improvement (and/or document reasons for not doing so); and other areas required by the provisions set forth in these standards.

The OYA Policy I-E-4.0 Incident Reviews directs, “The superintendent/camp director or field supervisor must designate at least two staff to conduct the review who were not involved in the incident and have the appropriate experience, training, and knowledge of agency policies, procedures and practices necessary to conduct the review. The superintendent/camp director or field supervisor may designate themselves, other managers, program staff, Health Services staff, Community Services staff, or other staff.” Review of a sample of AIRR forms indicated these reviews comprise various leaders at all levels including: Treatment Services Supervisor, SARRC, Operations Manager/Emergency Manager, Program Directors, Superintendent, QMHPs, Security Managers, and Living Unit Managers (LUM). Interviews with these individuals confirmed committee membership.

Review of a completed OYA Administrative Incident Review Report (YA 0024) verified the review process requires participants to provide documentation of whether the incident was motivated by race, ethnicity, sexual identification, etc.; any physical barriers that may have contributed to the incident; the need for additional monitoring technology or increase in staff supervision; to name a few.

**Corrective Actions:**

- Ensure sexual abuse incident reviews occur for all instances of substantiated and unsubstantiated incidents of sexual abuse and the AIR is conducted within the 30-day expectation (OYA policy and federal PREA standards). This may involve creating a spreadsheet, an automated report, or other avenue for tracking this information.

Corrective Actions Completed:

During the corrective action period, OYA updated the Administrative Incident Review Report (AIRR) to include the date the incident review took place. During the corrective action period the auditor reviewed two examples of completed forms verifying that the revised form is now being used to document information discussed during the administrative review process. A follow-up interview with the Agency PREA Coordinator verified that she has a method for tracking when these AIRR are due and her process for ensuring these AIRRs are completed and sent to her within 30 days of investigation completion.

During the corrective action phase OYA also created additional fields in the PSO AIM system to better ensure the sexual abuse incidents are reviewed in a timely manner. The OYA PREA Coordinator now enters a date in the "AIRR Requested" and an email is automatically sent to the SARRC and PCM. This will better ensure AIRRs are completed in a timely manner.

Actions taken on behalf of OYA and MYCF during the corrective action phase allow the auditor to confidently determine MYCF is now in compliance with all provisions in this standard.

### Standard 115.387: Data collection

#### 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 program 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*)

*Evidence Used in Determining Compliance:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- Completed U.S. Department of Justice Survey of Sexual Victimization State Juvenile Systems Summary Form (SSV – 5) (version published 9/25/2018)
- Completed U.S. Department of Justice Survey of Sexual Victimization Substantiated Incident Form -Juvenile (SSVI-J) (version published 9/20/2018)
- Review of PSO AIM system where investigation information is housed and from which PREA related data is extracted
- OYA 2017 PREA Compliance Status Report
- Interview with Superintendent/PREA Compliance Manager
- Interview with Agency PREA Coordinator

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment supports provisions in this standard. More specifically, the policy states:

- “OYA will collect related data and review all sexual abuse and sexual harassment incidents to assist in improving sexual abuse and sexual harassment prevention practices.”
- The Agency PREA Coordinator is responsible for coordinating OYA’s PREA data collection and generating any reports needed to comply with national PREA Standards.

Interviews with the Agency PREA Coordinator indicated that she is responsible for gathering facility-specific and aggregated agency data. She demonstrated her process for methodically tracking this information using the OYA incident tracking system, OYA Hotline complaint database/tracking sheet, and the PSO AIM systems. Within the past year, DOJ has requested sexual victimization data and OYA has supplied this information to DOJ consistent with PREA expectations. The auditors reviewed examples of completed DOJ forms for verification.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, “BRS Placements are not subject to the PREA regulations because youth are admitted to BRS programs ‘pursuant to a social service system, or for medical purposes, and is beyond the scope of these regulations.’ (28 CFR Part 115 § 115.5 General Definitions “juvenile facility.”). However, DHS and OYA remain committed to the safety of the youth in these programs through licensing and review for compliance with Oregon Administrative Rules and contracts. Therefore, OYA requires: 1. Sexual abuse reporting. 2. Zero tolerance of sexual abuse. 3. Criminal record checks required and updated every five years.”

**Standard 115.388: Data review for corrective action**

**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 program, 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 program?  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*)

#### Evidence Used in Compliance Determination:

- OYA 2017 PREA Compliance Status Report
- Interview with OYA Agency Director
- Interview with Agency PREA Coordinator
- Interview with Facility Superintendent/PREA Compliance Manager

Review of the agency's website verifies OYA has annual PREA compliance status reports dating back to 2013. These reports include comparison data from all previous years dating back to 2011 and provide an assessment of the agency's progress in addressing sexual abuse. For example, the 2017 PREA Compliance Status Report explains that during 2017, OYA:

- Had three facilities audited by DOJ certified auditors
- Increased training for staff to identify sexual harassment which increased the number of reported and investigated allegations of sexual harassment.

Each of the OYA PREA Compliance Reports are reviewed by the OYA Agency Director. The initial page of each annual report shows the Agency Director's signature with a statement attesting that he certifies

“...the information contained in this report is accurate and complete.” An interview with the OYA Agency Director verified that he must review the report annually and sign and date the report.

The auditors have reviewed a sample of previous OYA PREA Compliance Reports and have verified all sensitive information has been redacted as required by federal PREA standards. In addition, as required by PREA standards, the OYA annual compliance reports are made available to the public through its website - [https://www.oregon.gov/oya/Pages/rpts\\_pubs.aspx#OYA\\_Reports](https://www.oregon.gov/oya/Pages/rpts_pubs.aspx#OYA_Reports). The auditor has tested the link and the link is in working order.

### Standard 115.389: Data storage, publication, and destruction

#### 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*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- OYA Policy I-E-3.2 Information Asset Classification and Protection
- OYA Information Handling Guidelines

- Link to sexual abuse data in annual PREA progress reports: <https://www.oregon.gov/oya/pages/psso/prea.aspx>
- Interview with Agency PREA Coordinator

As previously mentioned, the OYA has annual PREA compliance status reports dating back to 2013. These reports include sexual abuse and sexual harassment comparison data from all previous years from 2011. These data are made available through the annual reports posted at [https://www.oregon.gov/oya/Pages/rpts\\_pubs.aspx#OYA\\_Reports](https://www.oregon.gov/oya/Pages/rpts_pubs.aspx#OYA_Reports). A review of a sample of OYA PREA Compliance Status Reports indicate that all personal identifiers have been removed prior to making these reports publicly available.

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment explain, “data will be retained for 20 years after investigations are completed. The PREA Coordinator is responsible for monitoring the PREA data and alerting the OYA Cabinet of any notable trends.”

In addition, OYA Policy I-E-3.2 Information Asset Classification and Protection sets forth the requirements for classification levels of data and documents (either generated by OYA or received from external sources). Level 3, “Restricted” is described as “Sensitive information intended for limited business use that may be exempt from public disclosure because, among other reasons, such disclosure will jeopardize the privacy or security of agency employees, clients, partners or individuals who otherwise qualify for an exemption. Information in this category may be accessed and used by internal parties only when specifically authorized to do so in the performance of their duties. External parties requesting this information for authorized agency business must be under contractual obligation of confidentiality with the agency prior to receiving it.” Interviews with the Agency PREA Coordinator verified that all information related to PREA (i.e. investigations, youth vulnerability risk assessments, etc.) is restricted to designated individuals.

The OYA Information Handling Guidelines document describes that electronic documents classified as “Restricted” and contain personally identifiable information (employee or youth records) must be stored on the network file system. These guidelines clearly state, “Access is limited to as few persons as possible on a need-to-know basis.” In addition, when the retention period has expired, designated personnel are required to shred paper documents and the OYA Information System department is responsible for destroying any mobile data storage devices. These OYA Information Handline Guidelines also direct that “Restricted” paper documents must be stored in locked cabinet, drawer, or secured (locked) room when not in use.

Interviews, review of databases, and other documents provide sufficient evidence to conclude OYA complies with this standard.

**AUDITING AND CORRECTIVE ACTION**

**Standard 115.401: Frequency and scope of audits**  
**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 program 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 program 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 program?  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*)

All close custody facilities and transition camps operated by OYA are required to be PREA compliant. This audit represents the second PREA audit for OYA MYCF. The audit was conducted consistent with Department of Justice PREA expectations. Some of the highlights demonstrating compliance in this area include conducting extensive review of program materials, protocols, agency policies, forms, staff training records, youth files, personnel files, various internal/external reports, and conducting a facility campus tour. The process also included interviews with agency and program leadership, direct care staff, the local hospital's SANE Nurse Manager, and MYCF youth.

#### Standard 115.403: Audit contents and findings

##### 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 program agencies, the auditor shall ensure that the program'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 program 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*)

**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.

The auditor is a federal PREA auditor certified by the Department of Justice. She has not received any other financial compensation from the agency being audited. There are no other conflicts of interest, as defined by Standard 115.402 and 115.403, between the auditor and the Oregon Youth Authority (OYA) or the OYA operated MacLaren Youth Correctional Facility (MYCF).

All personally identifiable information about any resident or staff member have been removed, except administrative personnel.



Sharon Pette, Certified PREA Auditor  
**Auditor Signature**

December 5, 2019  
**Date**