

# PREA Facility Audit Report: Final

**Name of Facility:** Camp Tillamook Youth Transitional Facility

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/14/2023

| Auditor Certification   |   |
|---|---|
| The contents of this report are accurate to the best of my knowledge.   | <input type="checkbox"/>                    |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.   | <input type="checkbox"/>                    |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/>                    |
| <b>Auditor Full Name as Signed:</b> D. Will Weir  | <b>Date of Signature:</b><br>08/14/<br>2023 |

| AUDITOR INFORMATION                 |                        |
|-------------------------------------|------------------------|
| <b>Auditor name:</b>                | Weir, Will             |
| <b>Email:</b>                       | prea.america@gmail.com |
| <b>Start Date of On-Site Audit:</b> | 06/28/2023             |
| <b>End Date of On-Site Audit:</b>   | 06/28/2023             |

| FACILITY INFORMATION              |   |
|-----------------------------------|---|
| <b>Facility name:</b>             | Camp Tillamook Youth Transitional Facility          |
| <b>Facility physical address:</b> | 6820 Barracks Circle, Tillamook, Oregon - 97141     |
| <b>Facility mailing address:</b>  | 530 Center St. NE, Suite 500, Salem, Oregon - 97301 |

| <b>Primary Contact</b>   |                                 |
|--------------------------|---------------------------------|
| <b>Name:</b>             | Alisha Goodwin                  |
| <b>Email Address:</b>    | alisha.r.goodwin@oya.oregon.gov |
| <b>Telephone Number:</b> | 5034004426                      |

| <b>Superintendent/Director/Administrator</b> |                             |
|--|-----------------------------|
| <b>Name:</b>                                 | James Sapper                |
| <b>Email Address:</b>                        | james.sapper@oya.oregon.gov |
| <b>Telephone Number:</b>                     | 5033730231                  |

| <b>Facility PREA Compliance Manager</b> |  |
|---|--|
| <b>Name:</b>                            |  |
| <b>Email Address:</b>                   |  |
| <b>Telephone Number:</b>                |  |

| <b>Facility Health Service Administrator On-Site</b> |                               |
|--|-------------------------------|
| <b>Name:</b>   | Kippi Rawson                  |
| <b>Email Address:</b>                                | kathryn.rawson@oya.oregon.gov |
| <b>Telephone Number:</b>                             | 5033731994                    |

| <b>Facility Characteristics</b>  |    |
|--|----|
| <b>Designed facility capacity:</b>   | 25 |
| <b>Current population of facility:</b>   | 17 |
| <b>Average daily population for the past 12 months:</b>                        | 18 |
| <b>Has the facility been over capacity at any point in the past 12 months?</b> | No |

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| <b>Which population(s) does the facility hold?</b>   | Males         |
| <b>Age range of population:</b>  | 16-24         |
| <b>Facility security levels/resident custody levels:</b>   | Close Custody |
| <b>Number of staff currently employed at the facility who may have contact with residents:</b>                       | 17            |
| <b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b> | 0             |
| <b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>             | 0             |

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

| <b>Agency Chief Executive Officer Information:</b> |                           |
|--|---------------------------|
| <b>Name:</b>                                       | Joe O'Leary               |
| <b>Email Address:</b>                              | joe.oleary@oya.oregon.gov |
| <b>Telephone Number:</b>                           | 503-373-7212              |

| <b>Agency-Wide PREA Coordinator Information</b> |                |                       |                                 |
|---|----------------|-----------------------|---------------------------------|
| <b>Name:</b>                                    | Alisha Goodwin | <b>Email Address:</b> | alisha.r.goodwin@oya.oregon.gov |

## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

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|---|
| 0 |
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#### Number of standards met:

|    |
|----|
| 43 |
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#### Number of standards not met:

|   |
|---|
| 0 |
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## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

|   |            |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2023-06-28 |
| 2. End date of the onsite portion of the audit:   | 2023-06-28 |

#### Outreach

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

### AUDITED FACILITY INFORMATION

|  |  |
|--|--|
| 14. Designated facility capacity:  | 25   |
| 15. Average daily population for the past 12 months:                             | 18   |
| 16. Number of inmate/resident/detainee housing units:                            | 1  |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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| <b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>   | 16 |
| <b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>  | 0  |
| <b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b> | 1  |
| <b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>  | 0  |
| <b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>   | 0  |
| <b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>  | 1  |
| <b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>   | 2  |

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| <p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>1</p>                 |
| <p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>0</p>                 |
| <p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>  | <p>1</p>                 |
| <p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>                                     | <p>0</p>                 |
| <p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p> | <p>No text provided.</p> |
| <p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>   |                          |
| <p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>17</p>                |
| <p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>   | <p>0</p>                 |

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| <p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>                        | <p>12</p>  |
| <p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p> | <p>No text provided.</p>   |
| <p><b>INTERVIEWS</b></p>  |  |
| <p><b>Inmate/Resident/Detainee Interviews</b></p>   |  |
| <p><b>Random Inmate/Resident/Detainee Interviews</b></p>  |  |
| <p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>  | <p>8</p>   |
| <p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>   | <p> <input checked="" type="checkbox"/> Age<br/> <input checked="" type="checkbox"/> Race<br/> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br/> <input checked="" type="checkbox"/> Length of time in the facility<br/> <input checked="" type="checkbox"/> Housing assignment<br/> <input type="checkbox"/> Gender<br/> <input type="checkbox"/> Other<br/> <input type="checkbox"/> None </p> |
| <p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>  | <p>All residents but 5 were interviewed.</p>   |
| <p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>  | <p> <input checked="" type="radio"/> Yes<br/> <input type="radio"/> No </p>  |



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| <p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>   | <p>Random residents were oversampled since only 3 targeted residents were identified. Random residents were asked general questions regarding how helpful staff are when it comes to residents that have challenges and needs.</p>  |
| <p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>  |   |
| <p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>  | <p>3</p>  |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> |   |
| <p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>  | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>                          | <p>Staff and residents were asked, and documents were reviewed.</p>   |
| <p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p> | <p>1</p>  |
| <p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>  | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>                          | <p>Staff and residents were asked, and documents were reviewed.</p>   |
| <p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>   | <p>0</p>  |

|  |   |
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| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>Staff and residents were asked, and documents were reviewed.</p>   |
| <p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>   | <p>1</p>  |
| <p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                     | <p>2</p>  |
| <p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                       | <p>1</p>  |
| <p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>   | <p>0</p>  |

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| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>   |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>  | <p>Records did not indicate any reports regarding the facility. However, during interviews, residents indicated a belief that there had been some reports. All Incident Reports were reviewed by the PC during the 30 days after the on-site audit, and other documentation where such reporting might have been recorded. One behavior referred to by some youth as "a PREA" was not abuse or harassment but simply a rule violation that was dealt with accordingly. Another was regarding behavior that occurred next door at Tillamook Youth Correctional Facility.</p> |
| <p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>   | <p>1</p>  |
| <p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p> | <p>0</p>  |

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| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>  |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>With such a low number of residents, it is unlikely for each risk category to be represented at a facility. Several residents represented more than one targeted area.</p>  |
| <p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>   | <p>Resident were helpful during their interviews, providing their perspectives regarding how well the facility does in dealing with unexpected circumstances.</p>  |
| <p><b>Staff, Volunteer, and Contractor Interviews</b></p>  |  |
| <p><b>Random Staff Interviews</b></p>  |  |
| <p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>   | <p>9</p>   |
| <p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>   | <p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p><b>If "Other," describe:</b></p>  | <p>gender</p>  |

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| <p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>  | <p>All staff present were interviewed.</p>  |
| <p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>   |   |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> |   |
| <p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>   | <p>7</p>  |
| <p><b>76. Were you able to interview the Agency Head?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>78. Were you able to interview the PREA Coordinator?</b></p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |

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

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

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



## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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| <b>84. Did you have access to all areas of the facility?</b>   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                      |
| <b>Was the site review an active, inquiring process that included the following:</b>   |   |
| <b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>                                      | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                      |
| <b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b> | <input type="radio"/> Yes<br><input checked="" type="radio"/> No                      |
| <b>a. Explain which critical functions you were unable to test per the site review component of the audit instrument and why:</b>  | There were no admissions so we did not observe the intake and risk screening process. |
| <b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                      |

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| <p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
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| <p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p> | <p>No text provided.</p> |
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**Documentation Sampling**

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

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| <p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
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| <p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p> | <p>No text provided.</p> |
|---|--------------------------|

**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

|                                      | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual abuse</b> | 0                             | 0                            | 0                                  | 0   |
| <b>Staff-on-inmate sexual abuse</b>  | 0                             | 0                            | 0                                  | 0   |
| <b>Total</b>                         | 0                             | 0                            | 0                                  | 0   |

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

|   | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|------------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual harassment</b> | 0                                  | 0                            | 0                                  | 0   |
| <b>Staff-on-inmate sexual harassment</b>  | 0                                  | 0                            | 0                                  | 0   |
| <b>Total</b>                              | 0                                  | 0                            | 0                                  | 0   |

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

|                                      | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual abuse</b> | 0       | 0         | 0               | 0             |
| <b>Staff-on-inmate sexual abuse</b>  | 0       | 0         | 0               | 0             |
| <b>Total</b>                         | 0       | 0         | 0               | 0             |

### Sexual Harassment Investigation Outcomes

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

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

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

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

|   | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 0         | 0               | 0             |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 0         | 0               | 0             |
| <b>Total</b>                              | 0       | 0         | 0               | 0             |

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

9

|   |   |
|---|---|
| <p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>                  |
| <p><b>Inmate-on-inmate sexual abuse investigation files</b></p>   |   |
| <p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>  | <p>9</p>  |
| <p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>  | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p><b>Staff-on-inmate sexual abuse investigation files</b></p>  |   |
| <p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>   | <p>0</p>  |
| <p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>  |

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| <p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>       |
| <p><b>Sexual Harassment Investigation Files Selected for Review</b></p>   |  |
| <p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>  | <p>0</p>   |
| <p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>   | <p>All investigations performed during the selection period were sexual abuse investigations.</p>  |
| <p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>                  |
| <p><b>Inmate-on-inmate sexual harassment investigation files</b></p>  |  |
| <p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>   | <p>0</p>   |
| <p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

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| <p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>          | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p><b>Staff-on-inmate sexual harassment investigation files</b></p>  |  |
| <p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>                         | <p>0</p>   |
| <p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>                 | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>  |
| <p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>           | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>  |
| <p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p> | <p>None of these investigations were regarding CTYTF. Since the facility had no allegations the Auditor reviewed files from TYCF.</p>  |



## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

### Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

## AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Identify the entity by name:

PREA America, LLC. The Auditor owns this company.

| <b>Standards</b>   |  |
|--|--|
| <b>Auditor Overall Determination Definitions</b>   |  |
| <ul style="list-style-type: none"> <li>• Exceeds Standard<br/>(Substantially exceeds requirement of standard)</li> <li>• Meets Standard<br/>(substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard<br/>(requires corrective actions)</li> </ul>   |  |
| <b>Auditor Discussion Instructions</b>   |  |
| <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> |  |

| <b>115.311</b> | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |
|----------------|--|
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>This Standard requires the agency, Oregon Youth Authority (OYA) to have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment, and a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy should include definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. A PREA Coordinator (PC) is required at the agency level and PREA Management at the facility level. The Standard requires an “upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.” The facility, Camp Tillamook Youth Transitional Facility (CFYTF) is also required to have a designated PREA Compliance Manager (PCM) with enough time and authority to coordinate the facility’s efforts to comply with all PREA Standards.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the PREA Coordinator and the PREA Compliance Manager; OYA policy mandating zero tolerance toward all forms of sexual abuse and sexual</p> |

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|  | <p>harassment in facilities operated directly or under contract; Agency and Facility organizational charts. Agency Policy Part 1, Administrative Services Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment, pp. 4-14, Sections III and IV, Local Operating Protocol Sexual Abuse Response Plan. I-A-10.0, Preventing Youth Sexual Abuse, pp. 2-5, Sections II - III. IA-10.0, pg. 5, Section III; and II-B-2.1, Behavior Management - Attachment 1: OYA Youth Behavior Refocus Options, pp. 6-7. The cumulative effect of all these interviews and documents is a triangulation of the evidence of compliance.</p> |
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| <b>115.312</b> | <b>Contracting with other entities for the confinement of residents</b>  |
|----------------|--|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p>   |
|                | <p>This Standard requires that if an agency contracts for the confinement of its residents, it shall require the contractor to adopt and comply with the PREA Standards, and it shall monitor the contractor to ensure that the contractor is complying with the PREA Standards. This agency does not contract with any other entity for confinement of its residents, and thus, it is in compliance with this Standard.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interview with the PREA Coordinator indicating that no contracts for outside confinement services exist, an agency memo on contracting, and agency resident placement logs. The cumulative impact of all these interviews and documents is a triangulation of the evidence of compliance.</p> |

| <b>115.313</b> | <b>Supervision and monitoring</b>   |
|----------------|---|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|                | <p><b>Auditor Discussion</b></p>  |
|                | <p>Each facility is required to develop, document, and make its best efforts to comply with a staffing plan that provides adequate staffing levels and video monitoring to protect residents against abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: Generally accepted juvenile detention and residential practices; Any judicial findings of inadequacy; Any findings of inadequacy from Federal investigative agencies; Any findings of inadequacy from internal or external oversight bodies; The composition of the resident population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or Standards; The prevalence of substantiated and</p> |

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|  | <p>unsubstantiated incidents of sexual abuse; and Any other relevant factors. At least once annually, Camp Tillamook, in collaboration with its PREA Coordinator and Compliance Manager, is required to review the staffing plan to see whether adjustments are needed to: the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan, to ensure compliance with it.</p> <p>During the On-Site Review, two cameras were determined to be in need of adjustment so that staff could better supervise residents. Once the adjustments were completed, a screenshot of the camera views was provided to the Audit Team as proof.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Superintendent, the PCM, the PC, and all levels of staff; Documentation of staffing plan development process; Staffing plan; Revised Staffing Plan; Documentation of Annual Reviews; Staffing Deviation Report documenting that there have been no deviations. An example of how deviations are documented was provided from another agency facility. 313 II-A-3.0, Interactive Supervision of Youth (pg. 4, IV.B). Local operating protocol: CTYTF Interactive Supervision of Youth. The sum of all these interviews and documents is a triangulation of the evidence of compliance.</p> |
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| <b>115.315</b> | <b>Limits to cross-gender viewing and searches</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>No cross-gender personal searches (strip, body cavity, pat-down) are permitted by the agency, absent exigent circumstances, which must be documented. Cross-gender searches with a wand are also documented. Residents must shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, other than in exigent circumstances, or when such viewing is incidental to routine cell checks. Staff of the opposite gender must announce their presence when entering a resident housing unit or any area in which residents are likely to be showering, performing bodily functions, or changing clothing. Staff are forbidden from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, such may be determined amid conversations with the resident, through review of medical records, or, if necessary, by obtaining that information as part of a broader medical examination, conducted in private by a medical practitioner.</p> <p>During the Audit, no violations of this Standard were identified; however, a few staff desired more training or clarification regarding their duties regarding searching transgender residents. Documentation of this refresher-type review was provided</p> |

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|  | <p>during the 30 days after the On-Site Review, along with plans for the provision of regular practice scenarios and exercises to demonstrate and improve skills in training contexts over time.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with staff and residents; Policies and procedures governing searches and cross-gender viewing; documentation that no exigent circumstances have occurred; Policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status; Training curricula regarding cross-gender pat-down searches and searches of transgender and intersex residents; Staff training logs; Policy II-A-2.0, Searches of Youth and Youth Property in OYA Facilities (pg. 6, IV.B.2.a; pg. 7, IV.C.2.a; pg. 8, IV.D); Policy II-A-3.0, Interactive Supervision of Youth (pg. 4, IV.D); 2470 Lesson Plan: Contraband and Searches (pp. 5, 6 &amp; 9); and Local Operating Protocol: Youth Privacy and Staff Announcement. Updated Semi-annual Check-in forms for Gender-Diverse Youth. Meeting LGBTQ+ Youth Needs. PCM SARRC Desk Manual. A clear triangulation of the evidence of compliance was showcased across this material.</p> |
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| <p><b>115.316</b></p> | <p><b>Residents with disabilities and residents who are limited English proficient</b></p>   |
|                       | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                       | <p><b>Auditor Discussion</b></p>   |
|                       | <p>This Standard requires Oregon Youth Authority to take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), and residents with limited English proficiency, have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Agency policies address the identification of needs, and the provision of appropriate services, during Intake and throughout the time the resident is in care. Policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants, other than in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of First-Response duties under § 115.364, or the investigation of the resident's allegations.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Superintendent, the PREA Coordinator, staff, and residents; Documentation of staff training on PREA-compliant practices for residents with disabilities. I-A-10.0, Preventing Sexual Abuse (pg. 9, IV.D.5). Local operating protocol, CTYTF. Language Interpreter Services contracts. I-D-2.1, Use of Language Services policy. II-E-2.4, English Plus - Facility policy. Hearing Impaired Interpreter Website. Youth Safety Guide, English and Spanish. Youth Sexual Safety Education forms - Spanish. Training slide from 2022 PREA refresher. Local operating protocol:</p> |

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|  | Language Interpreter Services. A triangulation of evidence verifies compliance with this Standard. |
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| <b>115.317</b> | <b>Hiring and promotion decisions</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>Agency policy prohibits hiring or promoting anyone who may have contact with residents, and it prohibits enlisting the services of any contractor who may have contact with residents, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 USC 1997); Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described. Policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Policy requires that, before it hires any new employees who may have contact with residents, the Oregon Youth Authority conducts criminal background record checks; consults the Child Abuse Registry; and attempts to contact all prior institutional employers for information on substantiated allegations of sexual abuse, or any resignation during a pending investigation of an allegation of sexual abuse. Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Human Resources staff. Policies on promotions and hiring of employees and contractors, including policies governing criminal background checks and checks of child abuse registries, of current employees and contractors who may have contact with residents. Files of persons hired or promoted in the last 12 months, to determine whether proper criminal record background checks and checks of child abuse registries have been conducted and whether questions regarding past conduct were asked and answered. Records of background checks of contractors who might have contact with residents. Documentation of background records checks, and checks of child abuse registries, of current employees at five-year intervals, when applicable. Policy I-A-10.0, Preventing, Detecting, and Responding to Youth Sexual Abuse &amp; Sexual Harassment (pg. 6, IV.B). OYA CRC Process. CJIS Awareness Certificates. LEDS Certificates. Agreement with Oregon Department of Education regarding records checks of school personnel. A triangulation of evidence verifies compliance with this Standard.</p> |

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| <b>115.318</b> | <b>Upgrades to facilities and technologies</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>When designing or acquiring any new facility, and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head and the Facility Superintendent. Documentation that no substantial expansion has occurred since the last Audit. Documentation of facility design and Floor Plan. A triangulation of evidence verifies OYA’s compliance with this Standard.</p> |

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| <b>115.321</b> | <b>Evidence protocol and forensic medical examinations</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>For agencies that conduct their own administrative investigations of allegations of sexual abuse, this Standard requires the agency to “follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.” The Standard includes specific rules regarding how this is to be done, and how to care for alleged survivors of abuse. For example, it requires the agency to “offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.” In addition, it requires the agency to “attempt to make available to the victim a victim advocate from a rape crisis center.” The Standard recognizes that these services are not always available in every locality, and it provides provisions that consider various circumstances. For example, it states that, “If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes:</p> |

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|  | <p>Interviews with randomly selected staff and SANE Nurse. Documentation that forensic medical exams are offered for free. Documentation of an agreement with a rape crisis center for services. MOUs/agreements with the responsible agencies. I-D-4.0, Professional Standards Office Investigations. MOU with Oregon State Police (OSP policies and protocols, Preserving Chain of Evidence, completed forms: YA 1958, First Responder Checklist; YA 1959, Sexual Abuse Incident Response Checklist; II-A-1.2, Preserving Chain of Evidence). HS I-A-10.0, Preventing, Detecting, Responding to Youth Sexual Abuse/Assault. I-D-4.0, Professional Standards Office Investigations and Policies. I-A-10.0, Preventing Youth Sexual Abuse (pg. 15, IV.D). CTYTF I-A-10.0, Sexual Abuse Response Plan (pp. 4-5). PCM SARRC Desk Manual. First Responder Cards and Instructions. Sexual Abuse Response Plan Camp Tillamook. Tides of Change MOU. Qualified agency staff. Evidence protocol governing how to obtain usable physical Analysis: Evidence in allegations of sexual abuse. A triangulation of evidence verifies that OYA complies with this Standard.</p> |
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| <b>115.322</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>This Standard is clear and direct in its requirement that, “The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.” The Standard further requires that agencies have a policy that ensures compliance, and that the policy be published. Agencies must provide their records to be found to fully demonstrate compliance.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Agency Head and Investigative staff; policies and/or procedures governing investigations of allegations of sexual abuse and sexual harassment; Investigative policy; documentation of reports of sexual abuse and harassment; documentation of investigations, including full investigative report(s) with findings; and documentation of referrals of allegations of sexual abuse and sexual harassment. Documentation of reports and investigations at another agency facility were used as proof of practice to help determine compliance, since the same agency investigators cover all agency facilities, and because Camp Tillamook had no allegations the past 12 months. Professional Standards Policy I-D-4.0. Interagency Agreement with Oregon State Police (OSP). <a href="https://www.oregon.gov/oia/PREA/PREAAgreement.pdf">https://www.oregon.gov/oia/PREA/PREAAgreement.pdf</a>. A triangulation of evidence verifies that the agency and facility are in compliance with this Standard.</p> |

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| <b>115.331</b> | <b>Employee training</b>                             |
|                | <b>Auditor Overall Determination:</b> Meets Standard |



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|  | <p><b>Auditor Discussion</b></p> <p>The agency is required to train all employees who may have contact with residents on the following required matters: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; residents' rights to be free from sexual abuse and sexual harassment; residents' and employees' rights to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to distinguish between consensual sexual contact and sexual abuse between residents; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including LGBTI or gender-nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and relevant laws regarding the applicable age of consent.</p> <p>Although no violations were identified, some interviews indicated a need or desire for some extra training. During the 30 days after the On-Site Review, proof of staff meetings and documentation of training were provided regarding staff reporting responsibilities and transgender searches.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff; training policy and procedures; staff training curricula; and records documenting staff training. Training provided in new employee orientation, annual refreshers, and additional trainings developed and provided based on needs (both agency-wide and facility-specific). I-A-10.0, Preventing, Detecting, Responding to Youth Sexual Abuse/Harassment (pg. 7, IV.C). New Employee Training Lesson Plan. PREA Refresher Training 2022 and 2023. Annual Employee PREA Acknowledgment and Understanding. Annual/New Employee Training Slides. Volunteer and contractor training. Relationships with Youth and Their Families Course Content. LGBTQ+ Awareness Training. Training Transcripts and acknowledgements of understanding. Instructions about how to access online training. PREA Scenarios. Mandatory Reporting. A triangulation of a substantial quantity of evidence verifies compliance with this Standard.</p> |
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| <b>115.332</b> | <b>Volunteer and contractor training</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Volunteers and contractors who will have contact with residents are required to have been trained on their responsibilities, under agency policies and procedures, regarding sexual abuse and sexual harassment prevention, detection, and response.</p> |

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|  | <p>The level and type of training provided to volunteers and contractors is to be based on the services they will provide, factoring in the level of contact they will have with residents. All contractors who will have contact with residents should have been notified of the agency and facility's zero-tolerance policy regarding sexual abuse and sexual harassment, as well as informed of how to report such incidents. The agency is to maintain documentation confirming that their contractors and volunteers understand the training they have received.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews were conducted only with contractors, because Camp Tillamook does not currently have any volunteers. Their 12 contractors include 11 teachers. Also reviewed were the training curriculum for volunteers and contractors; and training records for contractors. A triangulation of this evidence verifies Camp Tillamook's compliance with this Standard.</p> |
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| <b>115.333</b> | <b>Resident education</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>Residents are to receive information, at time of Intake, about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Additionally, the Standard requires that, "Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents." The facility is required to provide education in formats accessible to all residents, including those who have limited English proficiency and/or are deaf or hearing impaired, are blind or visually impaired, and/or are otherwise disabled, as well as to residents who have limited reading skills. The agency is also to ensure that key information is continuously and readily available or visible to residents through posters, Resident Handbooks, or other written formats.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Intake Staff and randomly selected residents. Agency policy governing PREA education of residents. Intake records of residents entering the facility in the past 12 months. Resident educational materials in formats accessible to those who are limited English proficient, deaf or hearing impaired, blind or visually impaired, and/or otherwise disabled, and those who have limited reading skills. Records corroborating that those residents received comprehensive, age-appropriate PREA education within ten days of intake. Educational and informational materials (posters, Resident Handbook, Youth Safety Guide, etc.) in compliance with the Standard. Documentation covered all 11 residents who were admitted between April 1, 2022, and April 1, 2023. Policy I-A-10.0, Preventing Youth Sexual Abuse (pp. 8-9, IV.D). Resident educational materials and forms. Hotline Poster - English.</p> |

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|  | <p>Hotline Poster – Spanish. Local operating protocol - Language Interpreter Services, Spanish forms. Hearing Impaired Interpreter Request website for hearing impaired/deaf youth. Hotline card, English and Spanish. Hearing Impaired Interpreter Service Contract and Guide. Victim Advocate Poster, Bilingual. A triangulation of this substantial pool of evidence verifies compliance with this Standard.</p> |
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| <b>115.334</b> | <b>Specialized training: Investigations</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Standard states that, “the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.” The training “shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.” Further, “The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.”</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: an interview with Investigative staff; Agency training policy for Investigative staff; Investigator training curriculum; and documentation that 3 Agency Investigators have completed the required training. 1-A-10.0, Preventing Youth Sexual Abuse (pg. 8, IV.C.3.b). The Audit Team finds that a triangulation of evidence verifies compliance with this Standard.</p> |

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| <b>115.335</b> | <b>Specialized training: Medical and mental health care</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This Standard requires the agency to ensure that all full-time and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. If medical staff employed by the agency conduct forensic examinations, such medical staff are required to receive the appropriate training to conduct such examinations. The agency is required to maintain documentation that</p> |

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|  | <p>medical and mental health practitioners have received the training referenced in this Standard, either from the agency or from elsewhere. Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon each practitioner’s status at the agency.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Medical and Mental Health Staff; policy and procedures governing training of medical and mental health care practitioners around sexual abuse and sexual harassment; and documentation showing that both medical and mental health care practitioners have completed the required training. Training Curriculum. I-A-10.0, Preventing Youth Sexual Abuse (pg. 8, IV.C.3.c). A triangulation of evidence verifies that OYA complies with this Standard.</p> |
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| <b>115.341</b> | <b>Obtaining information from residents</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>The agency has a policy consistent with this Standard that requires that, upon admission to the facility or transfer from another facility, all residents must receive screening for risk of sexual abuse victimization and/or sexual abusiveness toward other residents. This information, collected as part of the screening process, is to be ascertained through conversations with the resident during the Intake process, medical and mental health screenings, and classification assessments, and by reviews of court records, case files, facility behavioral records, and other relevant documentation from the resident’s files.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews were conducted with Risk Screening staff, with randomly selected residents, with the PREA Coordinator, and with the PREA Compliance Manager. Agency policy and procedures governing screening of residents upon admission to a facility or transfer to another facility and during reassessments were reviewed. The screening instrument used to determine the risk of victimization or abusiveness was reviewed. And records for all 11 residents admitted to the facility within the past 12 months were reviewed for compliance and timeliness. Policy I-A-10.0, Preventing Youth Sexual Abuse (pg. 12, IV.I). Procedure: Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) Placement Tool. Summary VSAB Placement Tool Document. A triangulation of evidence confirms compliance with this Standard.</p> |

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| <b>115.342</b> | <b>Placement of residents</b>                        |
|                | <b>Auditor Overall Determination:</b> Meets Standard |

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|  | <p><b>Auditor Discussion</b></p> <p>The agency is compelled to use information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments, with the goal of keeping all residents safe and free from sexual abuse. Residents may be isolated from others only as a last resort, only when less-restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. Agency policy states that under no circumstances may residents be isolated for more than 5 days. Lesbian, gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely based on such identification or status. Lesbian, gay, bisexual, transgender, or intersex identification or status is not held to be an indicator of likelihood of being sexually abusive. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency considers, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex resident are to be reassessed at least twice each year, to review any threats to safety experienced by the resident. Transgender and intersex residents are to be given the opportunity to shower separately from other residents.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews were conducted with the PREA Coordinator and the Compliance Manager, Risk Screening Staff, and LGBTI residents. Documentation was reviewed of the use of screening information to inform housing, bed, work, education, and program assignments, with the goal of keeping all residents safe and free from sexual abuse. Facility policies were reviewed that govern Isolation of residents; and that prohibit placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status; and that prohibit considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive. Documentation of 30-day Reviews was examined for compliance with the Standard. I-A-10.0, Preventing Youth Sexual Abuse (ppg. 12-14). Procedure: Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) Placement Tool. Samples of JJIS VSAB usage, with notes for placement. OYA does not place youth in Isolation for risk of sexual victimization. Policy II-B-1.2, Use of Time-out, Room-lock Other, Isolation, and Safety Programs (pg. 6, IV.E and pg. 10; IV.G.). Policy I-A-10.1, Meeting LGBTQ+ Needs (Page 6 &amp; 7, IV). Transgender Check-ins. Updated Semi-annual check-ins forms for Gender Diverse Youth. A triangulation of evidence verifies compliance with this Standard.</p> |
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| <b>115.351</b> | <b>Resident reporting</b>                            |
|                | <b>Auditor Overall Determination:</b> Meets Standard |

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|  | <p><b>Auditor Discussion</b></p> <p>This Standard requires the agency to provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Also, the agency is to provide a way for residents to report abuse or harassment to an entity that can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Staff are to accept reports made verbally, in writing, anonymously, and from third parties, and they are to promptly document verbal reports. Facilities are to provide residents with access to tools necessary to make a written report. The agency also is to provide a method for staff to privately report sexual abuse and sexual harassment of residents. The agency does not house residents solely for purposes pertaining to immigration, and thus related aspects of this Standard do not apply.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: (1) Interviews with all of the following people: randomly selected staff and residents; the PREA Compliance Manager. (2) Reviews of all of the following policies and agreements: resident reporting policy; documentation of resident reporting; policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties; and policy and documentation (e.g., staff handbooks) outlining procedures for staff to privately report sexual abuse and sexual harassment of residents. I-A-10.0, Preventing Youth Sexual Abuse (pp. 9-10, IV.F). Resident Education materials and forms. Hotline Cards. OYA does not hold youth solely for civil immigration purposes. See related OYA policy I-E-6.0, Contact with ICE. 0-2.3 Mandatory Reporting of Abuse (pg. 3): "Must complete a report no later than the conclusion of the work shift." Facility-wide procedure: FAC I-E-4.0, Youth Incident Reports (pg. 3, Step 3). II-F-1.1, Youth Grievance Process, (pp. 3-4, IV.E). Staff may use the third-party reporting process described in I-A-10.0 (pg. 11, IV.G.1-3). Link to the online complaint form: <a href="https://www.oregon.gov/oia/psa/Pages/OnlineComplaintForm.aspx">https://www.oregon.gov/oia/psa/Pages/OnlineComplaintForm.aspx</a>. Test of the complaint form. Annual Training Slides, and instructions regarding how training and acknowledgments are electronically documented. Resident Reporting Agreement with the Governor's Constituent Services Office. OYA PREA Refresher Training 2023. YIR Review for Camp Tillamook. Template Letterhead - PSO Youth Notification. A triangulation of a plethora of evidence verifies compliance with this Standard.</p> |
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| <b>115.352</b> | <b>Exhaustion of administrative remedies</b>                                    |
|                | <b>Auditor Overall Determination:</b> Meets Standard                            |
|                | <b>Auditor Discussion</b>   |
|                | The agency has an administrative procedure for dealing with resident grievances |

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|  | <p>regarding sexual abuse. When agencies have such a process, they are required to allow residents to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The resident cannot be required to use an informal grievance process, nor to otherwise attempt to resolve with staff an alleged incident of sexual abuse. Residents cannot be required to submit a grievance alleging sexual abuse to the staff member who is the subject of the complaint. Furthermore, the resident’s grievance alleging sexual abuse cannot be referred to the staff member who is the subject of the complaint.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: interviews with residents; policy regarding resident grievances of sexual abuse; policy for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse; policy limiting the agency's ability to discipline a resident for filing a grievance related to alleged sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith; Resident Handbook, to determine that relevant information is provided. Documentation of grievances from other facilities that alleged sexual abuse, and documentation of the final decision in each grievance. II-F-1.1, Youth Grievance Process (pg. 3, C). Administrative Remedy process and timeline document. Grievance form and instructions. Grievances. II-F-1.1, Youth Grievance Process (pg.2, III). II-F-1.1, Youth Grievance Process (pg. 4, IV.E.3-4 and pg. 4, IV.F.a). PCM SARRC Desk Manual. Posted instructions for youth. Digital photos of all grievance boxes. Administrative Remedies process and timeline document. A triangulation of evidence verifies that OYA and Camp Tillamook are in compliance with this Standard.</p> |
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| <b>115.353</b> | <b>Resident access to outside confidential support services and legal representation</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The facility is required to provide residents with access to outside victim advocates for emotional support services related to sexual abuse, and by providing, posting, and otherwise making accessible the mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations. The facility is to provide residents with reasonable and confidential access to their attorneys or other legal representation, as well as reasonable access to parents or legal guardians.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected residents, with the PREA Compliance Manager, and with the Superintendent; Policies and procedures governing resident access to outside victim advocates for emotional support services related to sexual abuse; Resident Handbooks, or written materials prepared for residents, pertinent to reporting sexual abuse and access to support services; MOU with community service provider able to provide residents with emotional support services related to</p> |

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|  | <p>sexual abuse; and policies governing residents' access to their attorneys, other legal representation, and parents or legal guardians. I-A-10.0, Preventing Youth Sexual Abuse (pg. 9, IV.D.6; pg. 16, V.D.5). I-A-10.0, Preventing Youth Sexual Abuse (pg. 9, IV.D.6). Annual check of the advocacy phone number. OYA does not have the authority to have custody of residents who are detained solely for civil immigration purposes. Proof of practice that residents may visit with, mail letters to, and telephone advocacy organizations with screenshots of access. I-A-9.0, Parent-Guardian Involvement. II-E-2.5, Visits With Youth. II-F-1 0, Youth Rights (Facilities). II-F-3.0, Youth Mail in Facilities. II-F-3.6, Youth Legal Materials and Assistance. II-F-3.4, Youth Use of Telephone. I-A-10.0, Preventing Youth Sexual Abuse (pg. 9, IV.E), Confidentiality. MOU with Tides of Change. I-F-3.6, Youth Legal Materials and Assistance. II-F-1.0, Youth Rights (pg. 3, IV.A.13). II-F-3.0, Youth Mail in Facilities (pg. 5, IV.H.2). II-F-3.4, Youth Use of Telephone (pg. 2, IV.B). Sample of youth access to an attorney. III-E-5.0, Notification to Parents/Guardians. II-E-2.5, Visits with Youth. II-F-1.0, Youth Rights (pg. 3, IV.A.13-F-3.0, Youth Mail in Facilities). II-F-3.4, Youth Use of Telephone. Documentation of tests of reporting system. PCM SARRC Desk Manual. A triangulation of evidence verifies that OYA and Camp Tillamook comply with this Standard.</p> |
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| <b>115.354</b> | <b>Third-party reporting</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>Agencies are required to provide methods to receive third-party reports of resident sexual abuse or sexual harassment. Any staff member is required to take complaints. Complaints can be anonymous. Information is supposed to be distributed on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with residents and staff indicated that residents have enough privacy during in-person visits, as well as during telephone calls, to activate third-party reporting. Publicly distributed information on how to report sexual abuse or sexual harassment on behalf of residents, which OYA distributes via its public website, written brochures, issue brief documents, family surveys, and informational flyers sent to families and others. <a href="https://www.oregon.gov/oya/psa/Pages/abuse.aspx">https://www.oregon.gov/oya/psa/Pages/abuse.aspx</a>. Family Reporting information. Issue Brief - Keeping Youth Safe. OYA Website PREA page: How to Report Abuse. Keeping Youth Safe brochure. Final Safety Survey - Family: How to Report Abuse. Tests of the reporting systems. Policy I-A-9.0, Parent-Guardian and Family. OYA urges anyone who sees or suspects abuse, harassment, or victimization of any kind to report it promptly. Reporting options include the following: Call the PSO toll-free hotline at 800-315-5440. Send an e-mail to PSO at <a href="mailto:professionalstandards.office@oya.state.or.us">professionalstandards.office@oya.state.or.us</a>. Complete and submit an OYA complaint form, which can be found at <a href="http://www.oregon.gov/oya/pages/psa/">www.oregon.gov/oya/pages/psa/</a></p> |



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|  | <p>complaints.aspx. Mail a letter to: Oregon Youth Authority Professional Standards Office 530 Center Street NE, Suite 200 Salem, OR 97301-3765 Send a letter to the Governor's Constituent Services office, State Capital, RM 254 The facility is required to provide residents with access to outside victim advocates for emotional support services related to sexual abuse, and by providing, posting, and otherwise making accessible the mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations. The facility is to provide residents with reasonable and confidential access to their attorneys or other legal representation, as well as reasonable access to parents or legal guardians. A triangulation of evidence verifies OYA's and Camp Tillamook's compliance with this Standard.</p> |
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| <b>115.361</b> | <b>Staff and agency reporting duties</b>   |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>All staff are required to report, immediately and according to agency policy: any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred; any retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or to retaliation. The agency must require all staff to comply with any applicable mandatory child abuse reporting laws, as well as to make reports, as (and when) appropriate, to licensing agencies and Adult Protective Services. Other than when reporting to designated supervisors or officials, and to designated state or local service agencies, the agency must prohibit staff from revealing any information related to a sexual abuse report to anyone, beyond what is necessary to make treatment, investigation, and other security and management decisions. Medical and Mental Health practitioners are mandated reporters; so, they are required to inform residents, at the initiation of services, of their duty to report, and of the limitations of confidentiality. Upon receiving any allegation of sexual abuse, the agency is to promptly report the allegation to the appropriate agency office, and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing that the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker, instead of to the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record, within 14 days of receiving the allegation.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff, with medical staff, with mental health staff, with the PREA Compliance Manager, and with the Superintendent. And relevant policy and training governing the reporting by the staff of incidents of sexual abuse or sexual harassment and requiring all staff to comply with any applicable</p> |

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|  | <p>mandatory child abuse reporting laws. I-A-10.0, Preventing Youth Sexual Abuse (pg. 14), V. 0-2.4 Mandatory Reporting of Abuse (pg. 3, III; Pg 5, V -A). I-A-10.0, Preventing Youth Sexual Abuse (pg. 7, IV.C.1.d and pg. 9, IV.E.3, pg. 10, IV.F.2). A triangulation of evidence verifies compliance with this Standard.</p> |
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| <b>115.362</b> | <b>Agency protection duties</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>The Standard in its entirety is this: “When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.”</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head, with the Superintendent, and with randomly selected staff; and relevant policy and training governing the agency's protection duties when residents are subject to a substantial risk of imminent sexual abuse. I-A-10.0, Preventing Youth Sexual Abuse (pg. 14, IV.I.5). No circumstances existed in the past 12 months when the agency knew a resident to be at substantial risk of imminent sexual abuse, but interviews indicate staff know what to do. The above triangulation of evidence verifies compliance with this Standard.</p> |

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| <b>115.363</b> | <b>Reporting to other confinement facilities</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>The Standard states that, “Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.” The Standard also requires that the notification be made within 72 hours, that it be documented, and that, “The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.”</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head and the Superintendent; Agency policy regarding reporting of allegations of sexual abuse of residents while confined at another facility; and Agency policy requiring that allegations of sexual abuse of residents received from other agencies or facilities are investigated in accordance with the PREA Standards. I-A-10.0, Preventing Youth Sexual Abuse (pg. 17, V.F.) I-D-4.0,</p> |

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|  | <p>Professional Standards Office Investigations (pg. 3, IV.A.2.b). No allegations that fall under this Standard were received in the past 12 months, but interviews indicate administrators know how to manage these allegations when they occur. Additionally, the agency provided documentation of a current example regarding a resident at another agency facility. A triangulation of evidence verifies the agency and the facility’s compliance with this Standard.</p> |
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| <b>115.364</b> | <b>Staff first responder duties</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <p><b>Auditor Discussion</b></p> <p>First Responder duties are vitally important to the protection of resident victims from further harm, and to allow for the proper collection of evidence. The Standard states that “Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence [ . . . ] and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence . . . .” Also, there are notifications to be made, and documentation requirements, such as those in §115.361. This Standard also states that “If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.” Actions that can destroy physical evidence includes, “as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.” Interviews that are conducted regarding this Standard must demonstrate that First Responders either know their First Responder Duties or know where and how to locate them quickly, such as knowing where they are posted/printed at all their work stations or having them printed on the backs of their badges. At other agencies, First Responders not familiar with their Duties have sometimes ignored the evidence that can be on the alleged perpetrator. The Standard requires First Responders to “ensure that the alleged abuser does not take any actions that could destroy physical evidence.” Planning to ask a supervisor what the Duties are at the time an incident occurs does not demonstrate readiness to respond as a First Responder because there is not always time or opportunity to consult others regarding how to respond.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with residents; interviews with staff who will need to act as First Responders when an incident occurs; and Agency policy governing staff First Responder Duties (FRD). Policy does not differentiate between security and non-</p> |

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|  | <p>security staff; they are all considered potential first responders. There were zero times in the past 12 months when FRD were required at this facility, so the agency provided examples from other facilities. I-A-10.0, Preventing Youth Sexual Abuse (pp. 14-17, V). Camp Tillamook Sexual Abuse Response Plan. First Responder Duties - Cards. First Responder and SARRC completed checklists. II-A-1.2 Preserving Chain of Evidence. A triangulation of evidence verifies full compliance with this Standard.</p> |
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| <b>115.365</b> | <b>Coordinated response</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|                | <p><b>Auditor Discussion</b></p> <p>The Standard states that “The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.”</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: An interview with the Superintendent and a review of the Facility's Coordinated Response Plan. Camp Tillamook Operating Protocol: CTYTF I-A-10.0 Sexual Abuse Response Plan. First Responder duties - reference card. PCM SARRC Desk Manual. LP - Searches for Facilities. II-A-2.0 Searches of Youth and Youth Property in OYA Facilities. Additionally, documentation shows that the staff are trained regarding the facility's coordinated response. The Audit Team's triangulation of the evidence verifies compliance with this Standard.</p> |

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| <b>115.366</b> | <b>Preservation of ability to protect residents from contact with abusers</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|                | <p><b>Auditor Discussion</b></p> <p>According to the Standard, neither the Oregon Youth Authority, nor any other governmental entity responsible for collective bargaining on the agency's behalf, shall enter or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation, nor pending a determination of whether, and to what extent, discipline is warranted.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head and supervisors, and a review of the collective bargaining agreement: Full Master SEIU Contract, 2021-2023. Throughout the course of the Audit, no evidence was obtained indicating any lack of compliance</p> |

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|  | with this Standard. |
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| <b>115.367</b> | <b>Agency protection against retaliation</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>The Standard requires the agency and facility to protect all residents and staff, or any cooperating individual who reports sexual abuse or sexual harassment, or who cooperates with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff. The Standard describes minimum practices to provide protection against retaliation.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: (1) Interviews with each of the following: the Agency Head, the Superintendent, staff responsible for retaliation monitoring, and residents who reported sexual abuse at another agency facility. (2) Agency policy (and related training) protecting all residents and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff, including policies on the monitoring of residents and staff following a report, and the Agency response to suspected retaliation from another agency facility. (3) Documentation of monitoring efforts at another agency facility. I-A-10.0, Preventing Youth Sexual Abuse (pg. 10, IV.F.2.; pg. 12, H). Staff Monitoring Process document. FAC I-A-10.0, Monitoring retaliation of youth. Samples of staff retaliation monitoring. Samples of youth retaliation monitoring. A triangulation of evidence verifies that the OYA and Camp Tillamook comply with this Standard.</p> |

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| <b>115.368</b> | <b>Post-allegation protective custody</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>The Standard requires that “Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.”</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: (1) Interviews with each of the following: the Superintendent; staff who supervise residents; medical staff; mental health staff; and residents at the facility long enough to be familiar with the facility's responses to rule violations and incidents. (2) OYA policy that residents who allege to have suffered sexual abuse may only be placed in Isolation as a last resort, only if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of</p> |

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|  | <p>keeping all residents safe can be arranged. (3) Records showing that no residents were isolated for sexual safety during the past 12 months and documentation that Isolation for those who allege sexual abuse does not meet OYA's threshold for use of Isolation. See OYA policy II-B-1.2, Use of Time-out, Room-lock Other, Isolation, and Safety Programs in OYA Facilities (pg. 6, IV.E.1; pg. 10; IV.G). A triangulation of evidence verifies full compliance with this Standard.</p> |
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| <b>115.371</b> | <b>Criminal and administrative agency investigations</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p> <p>This Standard contains numerous provisions regarding how investigations are to be conducted, but it starts with, “When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.”</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Investigative staff, the Superintendent, the PREA Coordinator, and the Compliance Manager; Agency/Facility policies related to criminal and administrative agency investigations; Training records for Investigators; and samples of investigative records/reports for allegations of sexual abuse or sexual harassment from other facilities. I-D-4.0, Professional Standards Office Investigations AIM (investigator database) terminology. I-D-4.0, Professional Standards Office Investigations (pg. 4, IV.A.7 and pg. 9, IV.I.3). Concerns regarding agencywide investigative practices are being addressed in the Corrective Action Plan (CAP) for the sister facility, Tillamook Youth Correctional Facility (TYCF), since those concerns related to investigations conducted at TYCF. A triangulation of evidence establishes compliance with this Standard.</p> |

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| <b>115.372</b> | <b>Evidentiary standard for administrative investigations</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p> <p>The entire Standard is as follows: “The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Investigative staff; policy imposing a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of</p> |

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|  | <p>sexual abuse or sexual harassment are substantiated; and documentation of administrative findings for proper standard of proof at other OYA facilities. Concerns regarding compliance with this Standard at another facility are being addressed in the Corrective Action Plan (CAP) for the appropriate facility. I-D-4.0, Professional Standards Office Investigations (pg. 8, IV.I.1.d). By a triangulation of evidence, compliance has been verified for this Standard.</p> |
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| <b>115.373</b> | <b>Reporting to residents</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Standard requires that any resident who alleges that they suffered sexual abuse is to be informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Standard provides additional rules that outline the work of informing residents. For example, it requires that all notifications described under this Standard are documented.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Superintendent and with Investigative staff. Agency policy requiring that any resident who alleges that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded, following an investigation by the agency. Samples of alleged sexual abuse investigation notifications completed by the agency at a different facility were provided since no examples apply to CTYTF. These sample notifications regarded alleged perpetrators who were residents as well as when the alleged perpetrator was a staff member. I-A-10.0, Preventing Youth Sexual Abuse (pg. 11, IV.F.3). A triangulation of evidence verifies compliance with this Standard.</p> |

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| <b>115.376</b> | <b>Disciplinary sanctions for staff</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Standard requires that facility staff be subject to disciplinary sanctions, up to and including termination, for violating agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are to be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency</p> |

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|  | <p>sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are to be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews of investigators and supervisors. Staff disciplinary policy regarding violations of Agency sexual abuse or sexual harassment policies. I-A-10.0, Preventing Youth Sexual Abuse (pg. 5, III). I-D-4.0, Professional Standards Office Investigations (pg. 9, J). Proof of practice was from previous years at other facilities since no disciplinary sanctions have been indicated in the previous 12 months. The Audit Team found a triangulation of evidence which verifies compliance with this Standard.</p> |
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| <b>115.377</b> | <b>Corrective action for contractors and volunteers</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>This Standard requires that, “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.” It also requires that, “The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.”</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: An interviews with the Superintendent, PC, PCM, and investigators, and agency policy requiring that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. I-D-4.0, Professional Standards Office Investigations (pg. 9, IV.J). I-A-10.0, Preventing Youth Sexual Abuse (pp. 5, 19). Additionally, since most of the contractors are teachers, the agreement with the school, and interviews with teachers, also assist in verify compliance. No contractor or volunteer has been found to engage in sexual abuse, so no examples of practice were available. A triangulation of evidence verifies compliance with this Standard.</p> |

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| <b>115.378</b> | <b>Interventions and disciplinary sanctions for residents</b> |
|                | <b>Auditor Overall Determination:</b> Meets Standard          |
|                | <b>Auditor Discussion</b>                                     |



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|  | <p>This Standard requires that residents are to be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. This Standard provides guidelines for disciplinary sanctions for sexual abuse. It prohibits disciplinary action for a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Sexual activity between residents is not held to constitute sexual abuse unless the activity is found to have been coerced.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with administrators, medical staff, and mental health staff; policy which states that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-upon-resident sexual abuse; II-B-2.1, Behavior Management - Youth Refocus Options. II-B-2.1, Behavior Management - Youth Refocus Options; attachment 1. Sample of a "refocus" option given to youth. Use of Isolation as a sanction is prohibited by OYA, in accordance with Oregon Administrative Rules (OAR 416-490-0032(2)). However, youth in Isolation must receive basic services, II-B-1.2, Use of Time-out, Room-lock other, Isolation (pg. 11, IV.G.3). No youth were found to have engaged in resident-on-resident sexual abuse at CTYTF. Documentation was consistent with this Standard in the investigations regarding the four administrative findings of resident-on-resident sexual abuse at other facilities. A triangulation of evidence verifies compliance with this Standard.</p> |
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| <b>115.381</b> | <b>Medical and mental health screenings; history of sexual abuse</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>This Standard relates to the screening conducted for Standard 115.341. When residents have experienced prior sexual victimization, and/or if residents have previously perpetrated sexual abuse, staff are required to ensure that the residents are offered a follow-up meeting with a Mental Health practitioner within 14 days of the screening. The Standard also provides rules regarding information related to sexual victimization or abusiveness.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with each of the following: residents; medical staff; mental health staff; and staff who perform Risk Screening. Policy on medical and mental health screening. Sample of medical and mental health secondary materials documenting compliance with required services. I-A-10.0, Preventing Youth Sexual Abuse (pg. 14, IV.I. 4). Sample VSABs. Initial mental health assessment and corresponding mental health check-in. Sample from Epic system healthcare software (electronic medical record), which is the secondary documentation system. FAC I-A-10.0(b), VSAB Procedure (pg. 2. F). OYA Informed Consent-Awareness of Information Sharing - 12.1.14. Disclosure of Confidentiality Limitations. YCF Initial Health Screen. Youth</p> |

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|  | Informed Consent Forms TYCF. A triangulation of evidence verifies that OYA and Camp Tillamook comply with this Standard. |
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| <b>115.382</b> | <b>Access to emergency medical and mental health services</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>Resident victims of sexual abuse, according to this Standard, are to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are to be determined by Medical and Mental Health practitioners, in accordance with their professional judgment. Medical and Mental Health staff are to maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. Treatment services are to be provided to every victim without financial cost, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with medical staff, with mental health staff, and with residents; policies and procedures regarding access to treatment services by resident victims of sexual abuse. There is no example from this facility, so they provided documentation from Tillamook Youth Correctional Facility (TYCF), which is next door and utilizes the same services and providers as CTYTF. II-D-1.0, Health Services (pg. 3, III; pg. 9, IV.M). HS I-A-10.0, Preventing Youth Sexual Abuse (ppg. 1 &amp; 2, B). A triangulation of evidence verifies Oregon Youth Authority’s compliance with this Standard.</p> |

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| <b>115.383</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>The facility is required by this Standard to offer medical and mental health evaluations, and as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Resident victims of sexual abuse while incarcerated are to be offered tests for sexually transmitted infections, as medically appropriate. Treatment services are to be provided to the victim without financial cost, and regardless of whether the victim</p> |

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|  | <p>names the abuser or cooperates with any investigation arising out of the incident. Within 60 days of learning of such abuse history, the facility is to attempt to conduct a mental health evaluation of all known resident-on-resident abusers, and it is to offer treatment, when deemed appropriate by mental health practitioners.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews with medical staff, mental health staff, residents, and policies and procedures governing ongoing medical and mental health care for sexual abuse victims and abusers. HS I-A-10.0, Preventing Youth Sexual Abuse (pg. 1, Procedure Statement). II-D-1.0, Facility Health Services (pp. 8, IV.M). I-A-10.0, Preventing Youth Sexual Abuse (pg. 16), V.E Mental Health Check-in following an incident. A triangulation of evidence verifies compliance with this Standard.</p> |
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| <b>115.386</b> | <b>Sexual abuse incident reviews</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>This Standard requires facilities to conduct a sexual abuse Incident Review at the conclusion of every sexual abuse criminal or administrative investigation, unless the allegation has been determined to be unfounded; and it should do so within 30 days of the conclusion of the investigation. The sexual abuse Incident Review Team should include upper-level management officials, and it should allow for input from line supervisors, Investigators, and Medical or Mental Health practitioners. The Review Team should consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred, to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement; and it should submit such report to the Facility Head and to the PREA Compliance Manager.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: interviews with the Superintendent, with the PREA Compliance Manager, and with the Incident Review Team; policies and procedures on conducting sexual abuse Incident Reviews; and documentation of sexual abuse Incident Reviews from other facilities. I-A-10.0, Preventing Youth Sexual Abuse (pg. 17, V.G.); I-E-4.0, Incident Reviews (pg. 5); IV.E.2, Sample AIRR. A triangulation of the above evidence verifies the agency's compliance with this Standard.</p> |

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| <b>115.387</b> | <b>Data collection</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>The agency is obligated to collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and a standardized set of definitions. The standardized instrument is required to include the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. The Oregon Youth Authority is compelled to aggregate the incident-based sexual abuse data at least annually. The agency must maintain, review, and collect data monthly from all available incident-based documents, including reports, investigation files, and sexual abuse Incident Reviews.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Investigations and Incident Reviews (agencywide); Interviews with PC and Agency Head; Spreadsheet of investigations; Annual Reports; Agency PREA Page on Website; Preventing Youth Sexual Abuse Policy (I-A- 10.0); and Completed Surveys of Sexual Violence. <a href="https://www.oregon.gov/oia/psa/Pages/prea.aspx">https://www.oregon.gov/oia/psa/Pages/prea.aspx</a>. A triangulation of evidence verifies OYA's compliance with this Standard.</p> |

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| <b>115.388</b> | <b>Data review for corrective action</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p>The Oregon Youth Authority reviews data collected and aggregated pursuant to §115.87, in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an Annual Report of its findings and corrective actions for Camp Tillamook. The Annual Report includes a comparison of the current year's data and corrective actions with those from prior years. The Annual Report provides an assessment of the agency's progress in addressing sexual abuse. The reports are approved by the agency head.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: interviews with the Agency Head, with the PREA Coordinator, and with the Compliance Manager; documentation of corrective action plans; Annual Reports of findings from data reviews and any corrective actions; and the link to the website where the Annual Report is available. <a href="https://www.oregon.gov/oia/psa/Pages/prea.aspx">https://www.oregon.gov/oia/psa/Pages/prea.aspx</a> A triangulation of evidence verifies the Oregon Youth Authority's compliance with this Standard.</p> |

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| <b>115.389</b> | <b>Data storage, publication, and destruction</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>Oregon Youth Authority policy and procedure ensure that incident-based and aggregate data are securely retained, requiring that aggregated sexual abuse data be made readily available to the public, at least annually. Before making aggregated sexual abuse data publicly available, OYA removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>Analysis: Evidence considered for compliance with this Standard includes interviews with the PREA Coordinator. The agency provided all their investigative documentation and explained their logging system, indicating an accurate method of tracking and reporting their allegations and investigations. The policy review included the I-A 10.0 PREA policy; I-E 3.2 Records Retention, Destruction and Archiving Policy; and Policy I-E-3.2 Information Asset Classification - Protection. A triangulation of evidence verifies OYA's compliance with this Standard.</p> |

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| <b>115.401</b> | <b>Frequency and scope of audits</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p>During each three-year period, the agency shall ensure that each facility it operates or contracts out to operate is audited at least once. During each one-year period, the agency shall ensure that at least a third of its facilities or facilities operated on its behalf are audited. The Auditor shall have access to and review policies, procedures, reports, and all areas of the audited facilities, and shall be granted any pertinent documents (including those stored electronically).</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Details regarding when the facility, and other facilities within the agency, have had audits. A triangulation of evidence verifies compliance with this Standard.</p> |

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| <b>115.403</b> | <b>Audit contents and findings</b>                   |
|                | <b>Auditor Overall Determination:</b> Meets Standard |
|                | <b>Auditor Discussion</b>                            |

The agency shall provide its Auditor's final report publicly on its website.

Analysis: Evidence used to determine compliance with this Standard includes: Details regarding the dates and the publicly accessible details of Agency and Facility Final Audit Reports. The Audit Team confirms that OYA is in compliance with this Standard.

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

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



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

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

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

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|                    | 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?  |     |
| <b>115.315 (f)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?   | yes |
|                    | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?   | yes |
| <b>115.316 (a)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>   |     |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?    | yes |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?   | yes |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  | yes |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:   | yes |

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

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

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

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



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|                    | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)   | yes |
| <b>115.321 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  | yes |
|                    | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. ) | yes |
| <b>115.321 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?   | yes |
|                    | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  | yes |
|                    | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  | yes |
|                    | Has the agency documented its efforts to provide SAFEs or SANEs?  | yes |
| <b>115.321 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  | yes |

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|                    | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?   | yes |
|                    | Has the agency documented its efforts to secure services from rape crisis centers?   | yes |
| <b>115.321 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  | yes |
|                    | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?   | yes |
| <b>115.321 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)   | yes |
| <b>115.321 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) | na  |
| <b>115.322 (a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>  |     |
|                    | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?   | yes |
|                    | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  | yes |

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| <b>115.322<br/>(b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                        | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
|                        | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?   | yes |
|                        | Does the agency document all such referrals?  | yes |
| <b>115.322<br/>(c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                        | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))              | yes |
| <b>115.331<br/>(a)</b> | <b>Employee training</b>  |     |
|                        | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?   | yes |
|                        | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?   | yes |
|                        | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment   | yes |
|                        | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  | yes |
|                        | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  | yes |
|                        | Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?   | yes |

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|                    | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?         | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  | yes |
| <b>115.331 (b)</b> | <b>Employee training</b>  |     |
|                    | Is such training tailored to the unique needs and attributes of residents of juvenile facilities?   | yes |
|                    | Is such training tailored to the gender of the residents at the employee's facility?  | yes |
|                    | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?   | yes |
| <b>115.331 (c)</b> | <b>Employee training</b>  |     |
|                    | Have all current employees who may have contact with residents received such training?  | yes |
|                    | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  | yes |
|                    | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  | yes |

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| <b>115.331<br/>(d)</b> | <b>Employee training</b>  |     |
|                        | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?   | yes |
| <b>115.332<br/>(a)</b> | <b>Volunteer and contractor training</b>  |     |
|                        | 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 |
| <b>115.332<br/>(b)</b> | <b>Volunteer and contractor training</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 |
| <b>115.332<br/>(c)</b> | <b>Volunteer and contractor training</b>  |     |
|                        | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?   | yes |
| <b>115.333<br/>(a)</b> | <b>Resident education</b>   |     |
|                        | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?   | yes |
|                        | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  | yes |
|                        | Is this information presented in an age-appropriate fashion?  | yes |
| <b>115.333<br/>(b)</b> | <b>Resident education</b>   |     |
|                        | Within 10 days of intake, does the agency provide age-appropriate   | yes |

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

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|                    | 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 |
| <b>115.334 (a)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | 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 |
| <b>115.334 (b)</b> | <b>Specialized training: Investigations</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 |
|                    | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  | yes |
|                    | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  | yes |
|                    | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)   | yes |
| <b>115.334 (c)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | 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 |

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



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

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

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|                    | pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?   |     |
| <b>115.342 (a)</b> | <b>Placement of residents</b>   |     |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?                                     | yes |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?   | yes |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  | yes |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?                                   | yes |
|                    | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?                                     | yes |
| <b>115.342 (b)</b> | <b>Placement of residents</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 |
|                    | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  | yes |
|                    | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?   | yes |
|                    | Do residents in isolation receive daily visits from a medical or mental health care clinician?  | yes |
|                    | Do residents also have access to other programs and work opportunities to the extent possible?  | yes |

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

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

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

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

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|                    | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|                    | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
|                    | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  | yes |
|                    | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)   | yes |
|                    | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.352 (f)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                    | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)   | yes |
|                    | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  | yes |



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|                    | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.352 (g)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | 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 |
| <b>115.353 (a)</b> | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|                    | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
|                    | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?   | yes |
|                    | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  | yes |
| <b>115.353 (b)</b> | <b>Resident access to outside confidential support services and legal representation</b>  |     |
|                    | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and   | yes |

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

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

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

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

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|                    | 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 |
| <b>115.367 (a)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?   | yes |
|                    | Has the agency designated which staff members or departments are charged with monitoring retaliation?  | yes |
| <b>115.367 (b)</b> | <b>Agency protection against retaliation</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 |
| <b>115.367 (c)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?   | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report  | yes |

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|                    | of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  |     |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?     | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?              | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?              | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?                | yes |
|                    | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  | yes |
| <b>115.367 (d)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | In the case of residents, does such monitoring also include periodic status checks?   | yes |
| <b>115.367 (e)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | 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 |
| <b>115.368 (a)</b> | <b>Post-allegation protective custody</b>   |     |
|                    | 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 |

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| <b>115.371<br/>(a)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                        | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
|                        | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)  | yes |
| <b>115.371<br/>(b)</b> | <b>Criminal and administrative agency investigations</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 |
| <b>115.371<br/>(c)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                        | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?   | yes |
|                        | Do investigators interview alleged victims, suspected perpetrators, and witnesses?   | yes |
|                        | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  | yes |
| <b>115.371<br/>(d)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                        | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?   | yes |
| <b>115.371<br/>(e)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                        | 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 |
| <b>115.371</b>         | <b>Criminal and administrative agency investigations</b>   |     |



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| <b>(f)</b>         |   |     |
|                    | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  | yes |
|                    | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?   | yes |
| <b>115.371 (g)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  | yes |
|                    | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?   | yes |
| <b>115.371 (h)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | 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 |
| <b>115.371 (i)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  | yes |
| <b>115.371 (j)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | 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 |
| <b>115.371 (k)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency   | yes |

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

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

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

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| <b>115.378<br/>(a)</b> | <b>Interventions and disciplinary sanctions for residents</b>  |     |
|                        | 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 |
| <b>115.378<br/>(b)</b> | <b>Interventions and disciplinary sanctions for residents</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 |
|                        | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  | yes |
|                        | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?   | yes |
|                        | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?   | yes |
|                        | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?   | yes |
| <b>115.378<br/>(c)</b> | <b>Interventions and disciplinary sanctions for residents</b>  |     |
|                        | 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 |
| <b>115.378<br/>(d)</b> | <b>Interventions and disciplinary sanctions for residents</b>  |     |
|                        | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?                          | yes |

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|                    | 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 |
| <b>115.378 (e)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | 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 |
| <b>115.378 (f)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | 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 |
| <b>115.378 (g)</b> | <b>Interventions and disciplinary sanctions for residents</b>   |     |
|                    | 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 |
| <b>115.381 (a)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                    | 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 |
| <b>115.381 (b)</b> | <b>Medical and mental health screenings; history of sexual abuse</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 |
| <b>115.381 (c)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |

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|                    | 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 |
| <b>115.381 (d)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                    | 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 |
| <b>115.382 (a)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | 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 |
| <b>115.382 (b)</b> | <b>Access to emergency medical and mental health services</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 |
|                    | Do staff first responders immediately notify the appropriate medical and mental health practitioners?   | yes |
| <b>115.382 (c)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | 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 |
| <b>115.382 (d)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | Are treatment services provided to the victim without financial   | yes |

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



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|                    | cooperates with any investigation arising out of the incident?  |     |
| <b>115.383 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  | yes |
| <b>115.386 (a)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?   | yes |
| <b>115.386 (b)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does such review ordinarily occur within 30 days of the conclusion of the investigation?  | yes |
| <b>115.386 (c)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?   | yes |
| <b>115.386 (d)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?   | yes |
|                    | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
|                    | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  | yes |
|                    | Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  | yes |

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

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

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|                    | publication would present a clear and specific threat to the safety and security of a facility?   |     |
| <b>115.389 (a)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency ensure that data collected pursuant to § 115.387 are securely retained?   | yes |
| <b>115.389 (b)</b> | <b>Data storage, publication, and destruction</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 |
| <b>115.389 (c)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  | yes |
| <b>115.389 (d)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | 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 |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)                   | yes |
| <b>115.401 (b)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)   | yes |
|                    | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na  |

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|                    | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)  | na  |
| <b>115.401 (h)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Did the auditor have access to, and the ability to observe, all areas of the audited facility?  | yes |
| <b>115.401 (i)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  | yes |
| <b>115.401 (m)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?   | yes |
| <b>115.401 (n)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?   | yes |
| <b>115.403 (f)</b> | <b>Audit contents and findings</b>  |     |
|                    | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |